TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL CCTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

VR A1S (4) 15M 7-62

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
11353	CERTIFICATE OF DEATH	11347

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence Detore comission)
FREDERICK MARYLAND	* STATE MARYLAND B. COUNTY FREDERICK
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
write RURAL and give neerest town)  IXIAAA CARA RURAL YEARS	WOODSBORD RURAL 10-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS   a. IS RESIDENCE
	ON A FARM?
	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) LEROY CLINTON BAR	RICK DEATH AUG 29 1966
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED /	EB 29, 1904 62 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
SECRETARY OFFICE	MARVIAND LISA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEANDON RADDIAL	MAMIT CDAUD
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	
(Yes, no, or unkown) (Ifyasgivawarordalesofservica)	TOTAL TOTAL AND ADDRESS
VES WWIL 213-18-9861 HE	ELEN BARRICK WOODSBORD MD
A8. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a] COTONGRUE TUREYING	ses & muyearded infanction 24 hours
Unancellus	CCVD
Conditions, if any, which gave rise to immediate cause	
(e), stating the undarlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
K	YES NO
	. (Enter nature of injury in Part I or Part II of itam 18.)
OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While fact	lary, streat, offica bldg., alc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on 28 august 1966, and that	death occurred at A.M., from the causes and on the date stated above.
22a, SIGNATURE	j22b. DATE
S Atomic ()	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.   8/29/(/
Tace PHYSIGIAN'S	22d. ADDRESS
NAME HYDO) DAMES E. STONER. DR	WALKERSVILLE, MA
	OR CREMATORY (23d, LOCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Ma A
BURIAL AUG31,1966 MI HOTE	WOODSBORD MD
24 JUNERAL DIRECTOR'S SIGNATURE A ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Lovell & Harleton Woodsboro	Ma DATE SEP; 1966 Icharley Judge
The state of the s	

LINE Above the second The section of the section will be seen - Contract to the Contract of the Contract of

FOR STATE
HEALTH DEPT. 1. P.

TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours efter death, if any civit is necessary, please executed withing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fur lifector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File Images 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ally death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

ARCH AND RECORDS 301 W DESTON STREET DAITIMORE & MARVIAND

DIVISION OF STATISTICAL RESI	EARCH AND RECORDS, 301 W. PRESION STREET, BALTIMORE	I, INVESTIGATION
11354 MEDIC.	AL EXAMINER'S CERTIFICATE OF DEATH	11348
TOR OF BRIDE	II a statter prompting (W	2 8 11 1 1 1 1 1

"	e. COUNTY			L COLLEY	Kesidence Delore admission)			
	Frederick	MARYLAND	Maryland	l Freder	ick			
	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		(If outside corporate limits, write RURAL er				
	Rural - Frederick	Hours	Frederic	le le	1 - 1			
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in he	1	d. STREET ADDRESS		l e. IS RESIDENCE			
		aspirer, give sireer eddress)	G. SIREET ADDRESS		ON A FARM?			
	Near Route # 40 West		108 East S	Sixth Street	YES NO X			
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year			
	(Type or print) HARRY	RICHARD	BETSON	DEATH August	9 19 66			
5.	SEX 6. COLOR OR RACE 7. MARRI		. DATE OF BIRTH	19. AGE (In years   IF UNDER				
	27 7 200 14 1400 014		0-1	last birthdey) Months	Days Hours Min.			
	Male   White   WHOW		February 26,					
	a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	TI. BIRTHPLACE (Stet	e or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?			
	Accountant	lustrial Contrac	ctor Freder	ick. Maryland	U.S.A.			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN					
	Vanner Clareton Bot son		Vothowin	a Calhamb				
15.	Harry Clayton Betson WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO. 17. I		e Gilbert				
	es, no, or unkown) (Ifyesgive werordates of service)							
-		0 09 8134 lirs	. Louise Bet	son, 217 Thomas Ave.				
	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]							
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Guns!	ot Wound of Sk	ull- Self Ir	iflicted				
	976 X DUE TO			150				
	geve rise to immediate cause							
	(e), stating the underlying DUETO							
	cause last. (c)							
N	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY PERFORMED?			
15					YES NO [X]			
CERTIFICATION		RIBE HOW INJURY OCCURED. (E	inter nature of injury in Pe	ort I or Pert II of item 18.)				
8	PRIMARY'S or CONTRIBUTING	10 8	0 +- 1.	- 1 2000 0	0			
	July	INJURY OCCURRED   200. CLA	CE OF INITIES (Home for	ound of Sharld	unity) (State)			
MEDICAL	Hann am Whi	a Not While check	gry, street, office bldg., et	c.)	unity) (State)			
WE	1 pm. ling. 9 1966 at we		inte 40	no trederick, treder	rick Wet			
	21. I certify that Wook charge of the rea	mains described above, he	ld an Autopsy .	Inspection X. Inquiry	and in my opinion			
	death resulted from; Natural causes	Accident T. Suici	ide x. Homicide					
			CHIEF MEDICAL					
	ACTUAL B. G. Thor				have engineer			
	SIGNATURE DIVINO	wice	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED					
	EXAMINER'S		DEPUTY MEDICAL EXAMINER					
	NAME (Type) B. O. Thomas				st 9, 1966			
220	REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or country	y) (State)			
		Mount Olivet C	lemetery	Frederick Marylan	d			
-	FUNERAL DIRECTOR Alexander	12 ADDRESS Facility		C'D BY REGISTRAR   246. REGISTRAR'S S	IGNATURE			
	mulal.	7 1 0-2-		AUG 15 1966 you	enles Judge			
_	M. R. Etchison & Son, F	rederick, Marya	Ednd   DATE	10 1000				

WEELL HIADS TO THE DURING A SECURE AND AND AND ADDRESS OF BUILDINGS AND detective and the second A COLOR DE LA COLO The second secon the state of the s

TO DEPUTY MY CAL EXAMINER: This certificate should be executed within 24 hours after death. If any day, is necessary, please executed the principle of the form before the control of the form before the control of the VS. A15ME

5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11355 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11349

_										
1.	PLACE OF DEAT	H derick	4		a STATE	NCE (Where day	ceased fived, If i	TV	idence before admission	
		(if outside corporate lim	te.	MARYLAND  c. LENGTH OF STAY IN 16						
		d giva nearest lown)	152		c. CITY OR TOWN		oraia ilmiis, writa	KUKAL and g	give nearast fown)	
	Frederic	k		Years	Free	derick			10.1	
	d. NAME OF HOSP	ITAL OR INSTITUTION	(if not in hos	spital, give street address)	d. STREET ADDRESS	5			a. IS RESIDENCE ON A FARM?	
		k Memorial			211	Grove I	31vd.		YES NO	
3.	NAME OF DECEASED	Firs		Middle	Last	4. DATE	Month	1	Day Year	
	(Type or print)	WILLIA	M	DAVIS	BIEHL	DEATH	A	ugust '	7. 1966	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 1	B. DATE OF BIRTH	19.	AGE (In years	_		
	Male	White	WIDOWE		17 Oct 1882	1	last birthday) 3	Months Da	ys Hours Min.	
10	a. USUAL OCCUPAT	TION (Give kind of wor	k   10b. K	IND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (State			1 12. CITIZE	N OF WHAT COUNTRY	
		orking lifa, avan if ratir (Retired)		rush Company	Lewistewn			II	S.	
1	Vatchman FATHER'S NAME	(Vetilen)	19	Tush Cempany	14. MOTHER'S MAIDEN	•			10.0	
		4			1					
1	Addison Bi				Sarah Men	7.5				
		ER IN U.S. ARMED FO If yasgive war or dates of		SOCIAL SECURITY NO. 17.	INFORMANT		Address			
	Ne		2	214-10-2036 G1	enn E. Bieh:	1 (Same	as ite	m #2)		
	18. CAUSE OF	DEATH [Enter only on	cause per l	ina for (a), (b), and (c).)					INTERVAL BETWEEN	
	PART I. DEAT	H WAS CAUSED BY:	Acut	e Congestive H	eart Failure				ONSET AND DEATH	
	9/11/7	PART I. DEAIR WAS CAUSED BY:  IMMEDIATE CAUSE (a) Acute Congestive Heart Failure								
	7077	DUE TO	Arte	riescleresis						
	Conditions, if any	,-,		210001010010						
	(a), stating the t	> DITE TO	Broo	ture Right Hip					7/24/66	
	causa lest.	) (c)	Frac	tare wight urb	,				1/24/00	
Z	PART H. OTHE	R SIGNIFICANT COND	TIONS CON	ITRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE	ONDITION GIVE	N IN PART 1		
Ą									YES NO TO	
CERTIFICATION	20a. EXTERNAL C	AUSE WAS	Ob. DESCR	IBE HOW INJURY OCCURED.	Enter nature of injury in Pa	int I or Part II of	item 1B.)		1	
ERT	PRIMARY Or CO	ONTRIBUTING 📮	E-11	at Nursing Hea	- Bracture	a Dight	Him			
	20c. TIME OF INJU				CE OF INJURY (Home, far			10	15	
MEDICAL	Hour a.m.		While	Not While faci	tory, street, office bldg., at	c.)		(County		
ME	11.00.	7-24 19	al wor	k al work Nurs	ing Heme	Bradde	ock Heig	hts Fre	ed'k, Md.	
	21. I certify t	hat I took charge	of the rem	nains described above, he	eld an Autopsy	Inspection	X, Inquiry	X . a	and in my opinion	
	death resulted	from: Natural c	визез ,	Accident XX Suic	ide . Homicide	, Und	determined ma	nner		
			_	_	CHIEF MEDICAL	EXAMINER				
	ACTUAL	RATE		^ -	ASSISTANT ME	DICAL FYAMINE	:0 🗆		DATE SIGNED	
	SIGNATURE	Jum	mee		M.D.				DITTH DEGIEND	
	EXAMINER'S NAME (Typs)	B. O. The	mas,	M. D.	DEPUTY MEDICA Address (Street,		_	8 2	Aug 1966	
22	B. BURIAL, CREMATIC		OF	22c. NAME OF CEMETERY OF	RCREMATORY	22d. LOCAT	ION (City, lown,	or country)	(State)	
	Burial Spacify	8/10/6	5 0	Mount Olivet	Cemetery	Freder	cick, Ma	ryland		
23	FUNERAL DIRECTO	Hrank, A	limi	THOURS!	24a. RE	C'D 8Y REGISTR	AR   24b. REGIS	TRAR'S SIGN	ATURE	
	M. R. Et	chisen & S	en. Fr	ederick, Md. 2	21701 DATE	AUG 11	1956	Willia-	les Judge	
					IDAIL	FIRM TY	1000	1	Ly man	

61/211	HEATO SO ELADISORES I	BENDALL IV. III	1185	
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	and of the same room	• • • • • • • • • • • • • • • • • • • •		for concess

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11356 CERTIFICATE OF DEATH funeral and 2 death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY Pages 1 a a. STATE **L\_COUNT** EDERICK REDERICIO MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 1 hours PRICIC = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS a. IS RESIDENCE within 72 10 ON A FARM? NO YES within completely carbon NAME OF First Middle Last 4. DATE Month Day Year DECEASED DF HBRAHADOR (Type or print) MUFRE DEATH 196 executed 6. COLOR OR RACE and cor DATE OF BIRTH 29 7. MARRIED NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS Jast birthday) 0-4-9 Months I Days Hours any WIDOWED DIVORCED [ Ξ 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease pe during most of working life, even it retired) INDUSTRY COUNTRY? and Retired ContractorB&O we 38 certificate removal, MOTHER'S MAIDEN NAME attending srmit. Ther JOWER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. d by the attend transit permit. cremation, or n 17. INFORMANT Address death (Yes, no, or unkown) | (If yes give war or dates of service) no 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by urial-transit urial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) DUE TO been sig the buri Cenditions, If any, which 2105 Clop Otic gave rise to immediate DUE TO cause (a), stating as th OURSCULAGE underlying cause last. has NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate CERTIFICATI NO V ECYSTE YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II) of Item 18.) 00 this ce detacher e Dept. 16 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) be de State Hour a.m. While Not While After 19 at work retained 0 21. I certify that (I) this hospital) the attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 1 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING Pe page STAFF PHYS. PHYS. DIRECTOR Fage 4 may may TO FUNERAL PHYSICIAN'S 22d. ADDRESS director, p Thomas NAME (Type) Robert NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 13/66 Edge NAW OS CO Va (State) REMOVAL (Specify) FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 1966

VR A15 (4) 20M 1/65

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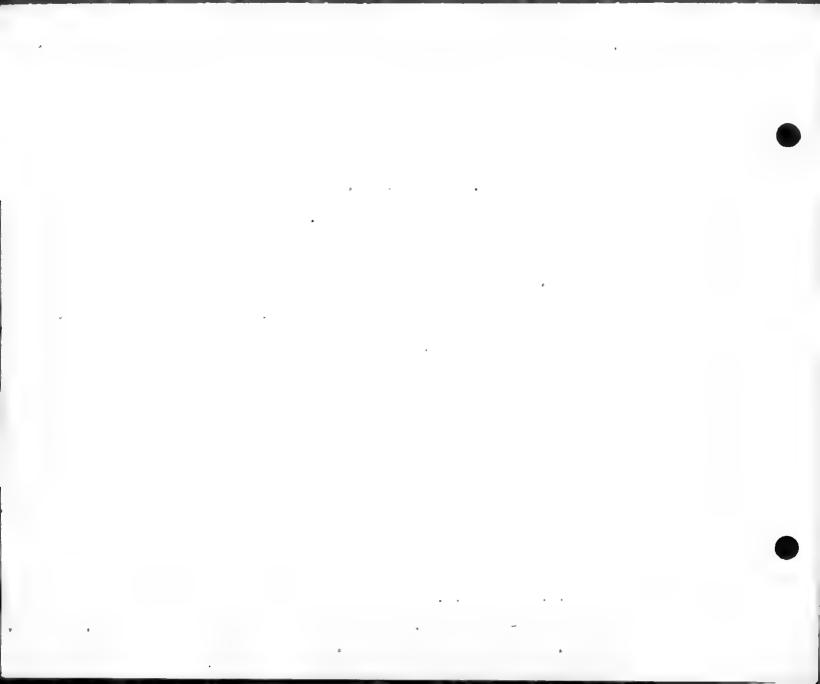
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1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTH	MORE 1, MARYLAND
# F.2 al	11359 CERTIFICATE OF DEATH	11353
24 hours after death, illed in by the fundal apers. Pages 1 and, 2 and, 2 bours after death.	MARYLAND   MARYLAND   MARYLAND	Frederick
by the Pages Uns after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits,	_
hour I in S. F	Frederick 10 mos. Thurmont rund. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	
	Fred. Nursing Home & Vonv. Center	9. IS RESIDENCE ON A FARM? YES 3 NO 1
s within pletel carbon ant, will	(Type or print) CARRIE A. CLABAUGH DEATH AU	onth Day Year
executed within n and completely fremove carbon p. and any event, within any event, within	6. COLOR DR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year partition) 18. Date of Birth 18. Date of Birth 18. Dec. 12 1889 9. AGE (In year partition) 18. Date of Birth 18. Date	ars   IF UNDER 1 YEAR   IF UNDER 24 HRS
ate be ey hysician a please re al, and in a	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  Waryland  10b. KIND OF BUSINESS OR INDUSTRY.  Own Home  Maryland	ntry) 12. CITIZEN OF WHAT
ertificat ling phy Then p emoval,	13. FATHER'S NAME  J. Hooker Lewis  14. MOTHER'S MAIGEN NAME  Laura Kelbs	augh
leath ce attend ermit.	No   (Trees give war or dates of service)   217-42-9256A Joseph Clabatigh Th	dress hurmont, Md.
NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon perhould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any grent, within	18. CAUSE DF DEATH   Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  HATTERIOSELEROTIC HEART DISEASE  OUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	INTERVAL BETWEEN ONSET AND DEATH
SICIAN: The law requir hospital or attending ps certificate has been ched for use as the bept. of Health prior to b	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN FRACTURED HIP; DECUBITUS ULCERS	YES NO D
IG PHYSICIA by the hosp ter this cer e detached tate Dept.	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part I DR CONTRIBUTING AUGUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME DF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, Part I or Part I	
TO HOSPITAL OR ATTENDING PHYSICIAM: The la Page 4 may be retained by the hospital or att of FUNERAL DIRECTOR: After this certificate h director, page 3 should be detached for use should be filed with the State Dept. of Health	21. I certify that (1) (this hospital) attended the deceased from 10, 1965, to 8// saw the deceased alive on 8// 1966, and that death occurred at 272 M, from the cause 22a. SIGNATURE Cultural C. Reynolds, M.D. ATTENDING MEO. STAFF PHYS. DIRECTOR PHYS.	es and on the date stated above.  22b. DATE SIGNED
HOSPITA ige 4 m: TUNERAL ector, puid be	TITOTICE OF OUR DEED	ve. Fredrick M
Pa Pa Shr.	Burial Specify 8-14-66 Blue Ridge Cemetery Thurmon	
VR A15 (4) 20M 1/65	Raymond E. Crossor Thurmont, Md.   25a. REC'O BY REGISTRAR 25b.	ACCIONATORE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 11368 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution. Residence before admission) o COUNTY b. COUNTY P.M.3. Poge Frederick Maryland Frederick MARYLAND Department c CITY OR TOWN (If outside corporate I,m ts, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits C LENGTH OF STAY N Ib Thurmont RT 15 Thurmont rural d NAME OF HOSPITAL OR INSTITUTION (If not in hosp to give street oddress) d STREET ADDRESS e IS RES DENCE with form ON A FARM? Accident on Rt 15 near Thurmont RD Stote | YES NO K 24 hours ofter death. NAME OF Lost 4 DATE Month DECEASED OF DEATH Michael E. in Item 18. Give Clarke. Jr. August 22 with n (Type or pnnt) 1966 glong S SEX 6 COLOR OR RACE 9 AGE (In years FUNDER 1 YEAR 7 MARRIED NEVER MARRIED B CATE OF BIRTH last birthdoy) Doys Haurs white Oct. 28, male WIDDWED DIVORCED Office 10b K ND OF BLS NESS OR 100 LSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (Stote or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if ret red) INDUSTRY COUNTRY? Maryland This certificate should be executed within 13 FATHER'S NAME 14. MOTHER'S MAIOEN NAME Michael E. Clarke Shirley A. Waynant 15 WAS DECEASED EVER IN 5 ARMED FORCES?
(Yes no. or unknown) (If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT or removal, None Michael E. Clarke Thurmont Md.RD 1B CAUSE OF DEATH (Enter only one cause perhape for (a) (b) and (c).) INTERVAL BETWEEN PART I. OEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) cremotion, DUE TO Conditions, flony, which gove rise to immediate couse (a), forwarded to DUE TO stating the underlying couse buriol, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. T ON GIVEN IN PART 1(6) 19 WAS AUTOPSY CERTIFICATION 5 moy be recommended to bunch the bunch of t PERFORMED? pleose execute the certificate, YES 🔽 NO 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HDW INJURY OCCURRED (Enter notyre of ningy in Port I or Port II of item 18.) should PRIMAR TO OF CONTRIBUTING CAUSE OF OFATH 20c TIME OF NURY Month Day, Year 20e PLACE OF INJURY (Home, form, (City or lown) Not While factory, street office bldg., etc.) 8-22 1966 at work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspect on and in my opinion Notural couses the funeral director. deoth resulted from: Accident 7 Suicide . Hom.cide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE *OEPUTY MEDICAL EXAMINER* **EXAMINER'S** NAME (Type) B.O. Thomas, M.D Address (Street, city, town, or county) 23b OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d LOCATION (City or Town) (Stote) 8-26-66 Carmel Cemetery Mt. Thurmont Fred. Co. Md. 250. REC D BY REGISTRAP-VR A15ME (5)



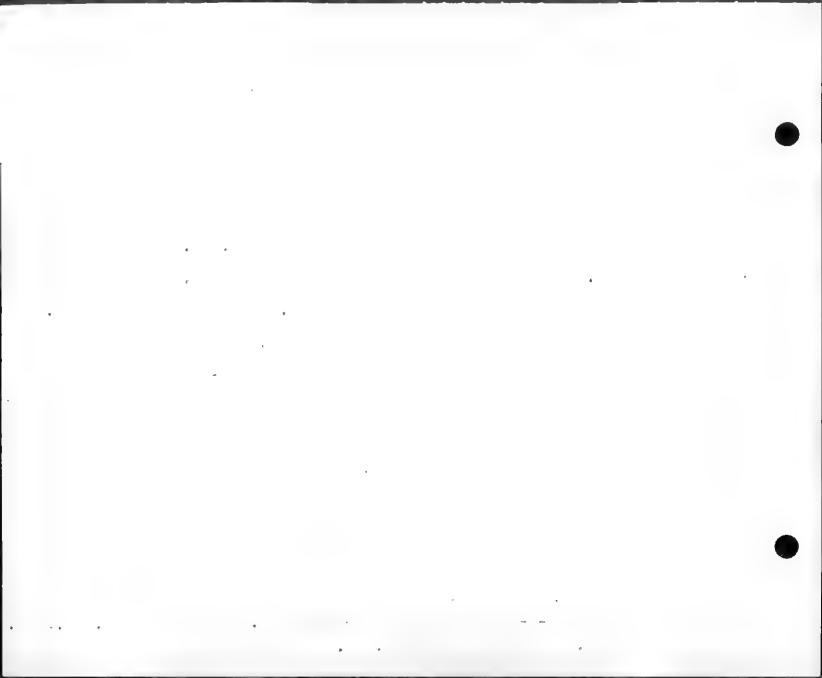
20M 1/65

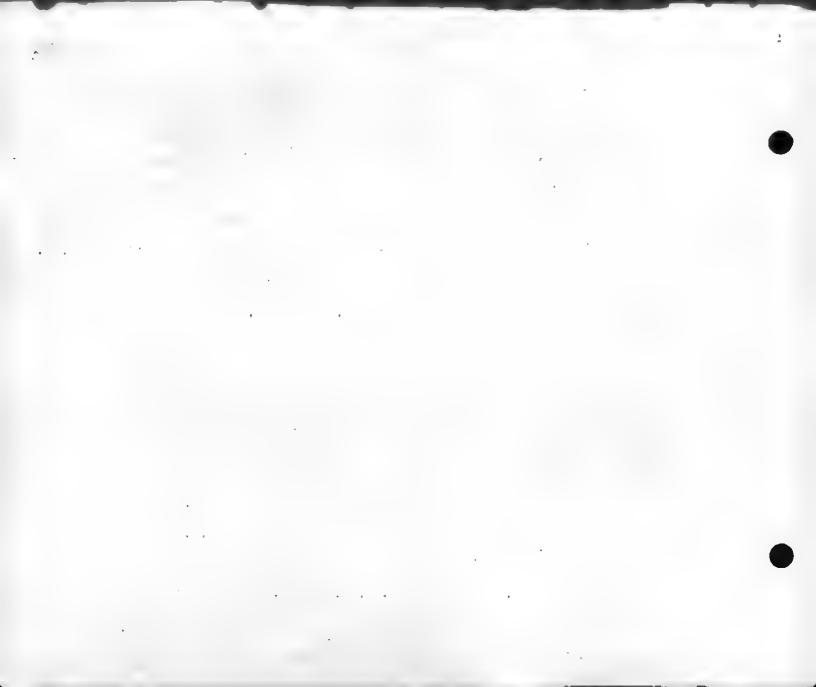


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11362 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY **b** COUNTY Maryland Frederick Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Maryland Hansenville l'rederi ck 7 vrs oan papers. Vithin 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? .⊆ d. STREET ADDRESS physician and campletely filled en please remove Carban pane Rt. #4 YES NO 🛣 Montevue Infirmary 3 NAME OF Middle First 4 DATE Month Last DECEASED (Type or pnnt) August 22 Cramer Ida 65 event, 19 DEATH IF UNDER 1 YEAR | I IF UNDER 24 HRS. SEX 6. COLOR OR RACE 9. AGE (In years 7 MARRIED NEVER MARRIED ... DATE OF BIRTH logybirthdoy) Hours white Aug. 20. 1872 female DIVORCED WIDOWED signed by the attending physician and burial-transit permit. Then please remburial, cremation, ar remayal, and in atf 10a USJAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRYSA during most of working life even if retired) INDUSTRY Home Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Shankle John Cramer Ann 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no grunknown) (If yes give wor or dotes of service) 219-54-0691 Records Fred Frederick at Co. Home INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (r).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO YES TO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work arow to , 1963, 10 NULYEL 21. I certify that (I) (this haspital) attended the deceased from 1000000 19da, that (I) (we) last director, page 3 shauld shauld be filed with the and that death accurred at. M, fram causes and an the date stated above. saw the deceased alive an\_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS Professional Bldg. Frederick Md 22c PHYSICIAN'S 0. Thomas NAME (Type) Bernard 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Aug. 25. .966 Utica Cemetery Utica Fred Co. 25b. REGISTRAR'S SIGNATURE 2So. REC D BY REGISTRAR VR A15 (4) 20 M 1/66 1\$66 G



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission COUNTY Frederick **b** COUNTY Page Maryland at at Frederick death. MARY, AND Department c CITY OR TOWN ( flouts de corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN b P.M3. with RURAL and give neorest town) Lifetime Thurmont d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RES DENCE ON A FARM? haurs Own Home State | YES NO K 24 haurs after death 3. NAME OF First Middle 4. DATE Last Month Day Year DECEASED Patricia Ann with the Creeger August 66 (Type or pnnt) DEATH 19 event within alang 1 6 COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED . inst birthdoy) Months Doys Hours April 24,1962 white female WIDOWED DIVORCED Office and. IDO USUAL OCCUPATION (Give kind of work done IDb KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12 C TIZEN OF WHAT during most of working the over a retired) COUNTRYUSA INDLSTRY Thurmont. Md. Examiner's 13. FATHER'S NAME penci 14. MOTHER'S MAIDEN NAME This certificate should be executed within Donald W. Creeger Joyce M. Long IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes no or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address None Donald W. Creeger Thurmont, Md. 1B. CAUSE OF DEATH (Enter only one couse per ling-for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH ы IMMEDIATE CAUSE (o) crematian, **DUE TO** Conditions, if ony, which gove rise to immediate couse (a), should be farwarded ta DUE TO stoting the underlying couse В burial, a WAS AUTOPSY PERFORMED?
YES MO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED the certificate, p pe 2Do EXTERNAL CAUSE WAS PRIMARY DS or CONTRIBUTING ☐ CAUSE OF DEATH 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port L or Port II of Item 1B.) designated agent, priar 2Dd INJURY OCCURRED 20e PLACE OF NJURY (Home, form, T ME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Not While factory, street, office bidg, etc) FUNERAL DIRECTOR: Poge at work of work 2). I certify that I taak charge of the remains described above, held an Autapsy 📈 ģ inspection . Inquiry 1 and in my opinian the funeral directar. death resulted fram. Accident 7 Sukide . Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 0 DEPUTY MEDICAL EXAMINER 🔀 **EXAMINER'S** 5 may b TO FUNER Health c Address (Street, city, town, or county) NAME (Type) B.O. Thomas, M.D. 23b DATE THEREOF 8-4-66 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION, (County) (Stote) United Brethren Com. Bull Decify) Thurmont Fred. Co. 250 RECD BY REG STRAR 25b REGISTRAR'S SIGNATURE Thurmont. Md. VR ATSME (\$) 1966 6M 1/66





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11365 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceosed I ved, f institution Residence before admission) PLACE OF DEATH a STATE COUNTY death 2, and 3 ta PM3. Page Frederick MARYLAND Department c C.TY OR TOWN (If outside corporate ..m.ts, write RJRAL and give nearest town) b CITY DR TOWN (If outside corporate ..mits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 offer Rochester Frederick Minutes d NAME OF HOSP TAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS OULS with form Francis Scott Key Hotel 298 Deer Lane ate Item 18 Give Pages Office alang with far 24 hours after death 3 NAME OF First M+ddle Lost 4 DATE Month With the St DECEASED OF Olaf Ekstedt August Within Harry (Type or print) DEATH 5. SEX 6 CO. OR OR RACE B. DATE DE BIRTH AGE (In years 7. MARRIED NEVER MARRIED X ost birthday) Male White WIDOWED D-VDRCEO. Nov. 1. 1902 event 10o USUA, OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY Asphalt Company Charleroi, Pa. QUA Retired d "pending" in pencil in Clief Medical Examiner's pages in any 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Peterson Oscar Ekstedt and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) remayal. Arthur S. Ekstedt (Same as item # 2) No Unknown IB CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (o) word a burial-tro crematian, o This certificate should DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse 1051 burial, PART I, OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) certificate, priar to þe 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Part I or Port II of Item 18.) 3 shauld PRIMARY Or CONTRIBUTING O shauld TAL EXAMINER: CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home, form, 20c TIME DF INJURY Month, Doy, Year 20d N.JRY OCCJRRED 20f (City or town) please execute the Hour o.m While Not While factory, street, office bldg. etc.) may be retained far yaur FUNERAL DIRECTOR: Page at work at work designated 21 I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry death resulted from: Natural causes 174 Accident Suicide Hamitide Undetermined manner funeral director CHIEF MEDICAL EXAMINER **ACTUAL** 

VR A15ME (5) 6M 1/66

0

Health or

O DEPUTY

‡ ₽

SIGNATURE

**EXAMINER'S** 

NAME (Type

23o. BURIAL CREMATION.

Cremation

REMOVAL (Specify)

B.O. Thomas.

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 24.1966 Fort Lincoln Crematory 2So REC'D BY REGISTRAR

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

(County) (Stote)

e IS RESIDENCE ON A FARM?

Dov

12 CITIZEN OF WHAT

COUNTRY?

IF JNDER 1 YEAR

Months

NO X

19 66

IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPSY PERFORMED?

and in my opinian

22. DATE SIGNED

NO

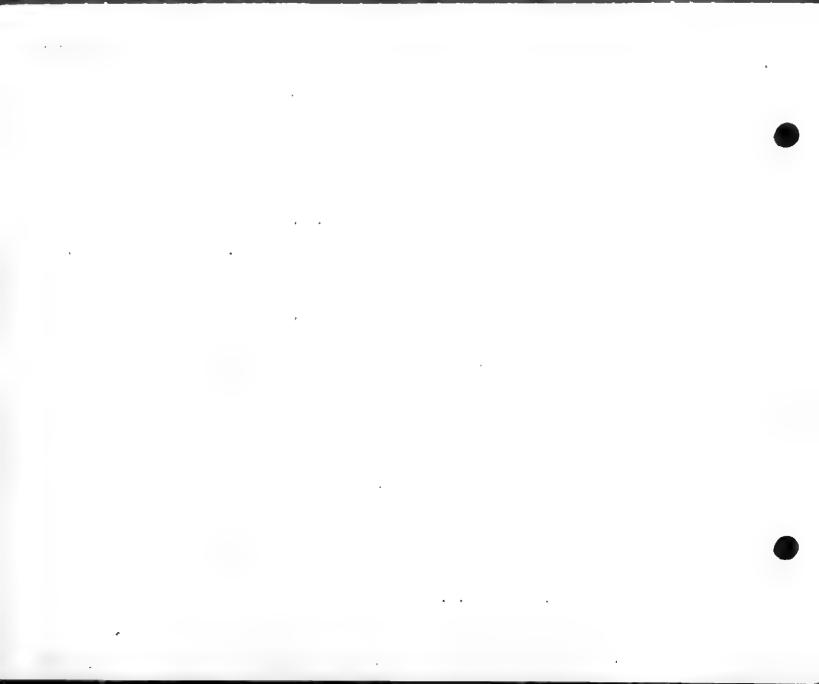
(Stote)

YES 📆

(County)

Washington, D.C.

2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATEAUG Etchison & Son. Maryland Frederick



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. uneral and 2 death. PLACE OF DEATH 1. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY ges 1, after ( Frederick after Frederick Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frederick c. CITY OR TOY/N (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b fron papers. Page within 72 hours a Graceham hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital NO X YES etely certificate be executed within NAME DE First DATE Middle Month Last Day Year DECEASED comple (Type or print) DEATH 0 19 6 SEX 6. COLOR DR RACE DATE OF BIRTH AGE (In years / IF UNDER 1 YEAR IIF UNDER 24 HRS. ev 7. MARRIED X гетоуе **NEVER MARRIED** \_last birthday) Months Days Hours any and white 189h 20 ma le Apr. WIDOWED [ DIVORCED [ ermit. Then please re ermit. Then please re on, or removal, and in 10a, USUAL OCCUPATION (Give kind of work done) .≘ 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 11. BERT HPLACE (County & State, or foreign country) during most of working life, even if retired) Own Business Pennsylvania Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cornelia Stoops Eyler Amos 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. cremation, or re 16. SOCIAL SECURITY NO. | 17. INFORMANT Address death (Yes, no, or unkown) [(If yes give war or dates of service) Graceham. No 216-22-20 Madaline Eyler Md. the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN that the been signed by the burial-transit or to burial, crams ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Cenditions, If any, which rise to Immediate DUE TO (a), stating underlying cause last. The law 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART L(a) WAS AUTOPSY 19. for use Health PERFORMED?/ certificate ND meremonia YES 2DA. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) t. of this ( letach WEDICAL 12De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) det factory, street, office bldg., etc.) be de State Hour a.m. After Id be d Not While at work at work retained by 19 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should like with the and that death occurred at 11/54 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE-22b. DATE SIGNED FUNERAL DI... ATTENDING PHYS. DIRECTOR M.D. O HOSPITAL PHYSICIAN'S ADDRESS director, p 22d. NAME (Type) Burial (Specify) 8 DATE THEREDE NAME OF CEMETERY OR CREMATORY LOCATION (City, 23d. town 0 Cemetery 8-13-66 Uniontown FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Thurmont. Raymond Ochanter Judge VR A15 (4) 1966 2DM 1/65



Frederick, Md.21701

Frederick

8. IS RESIDENCE

Year

19

Frederick. Md.

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTDPSY

ND 3

(State)

(State)

PERFORMED?

YES [

19 66. that (I) (we) last

(County)

22b. DATE SIGNED

August 7-1966

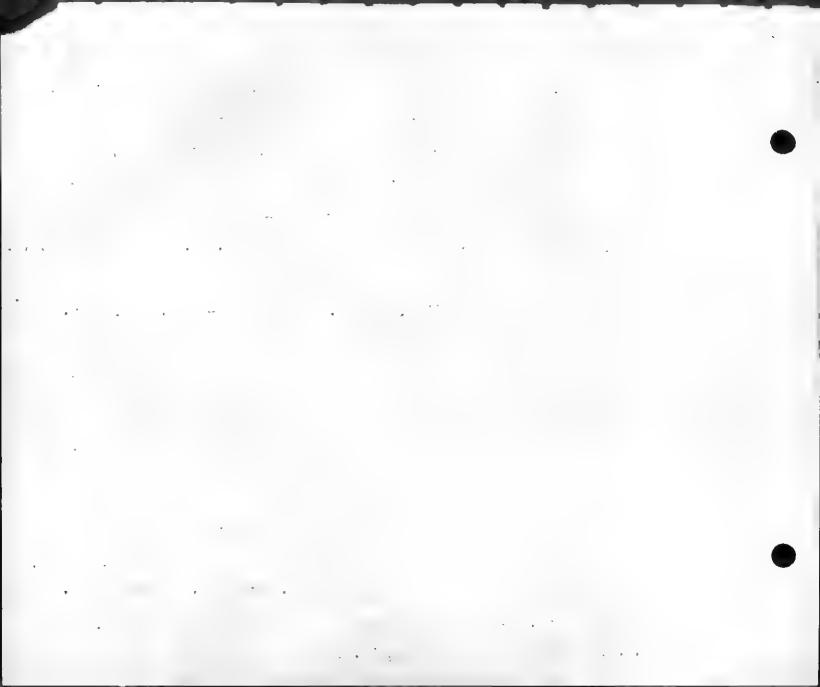
ON A FARM?

NO X

66

U.S.A.

VR A15 (4) 20M 1/65



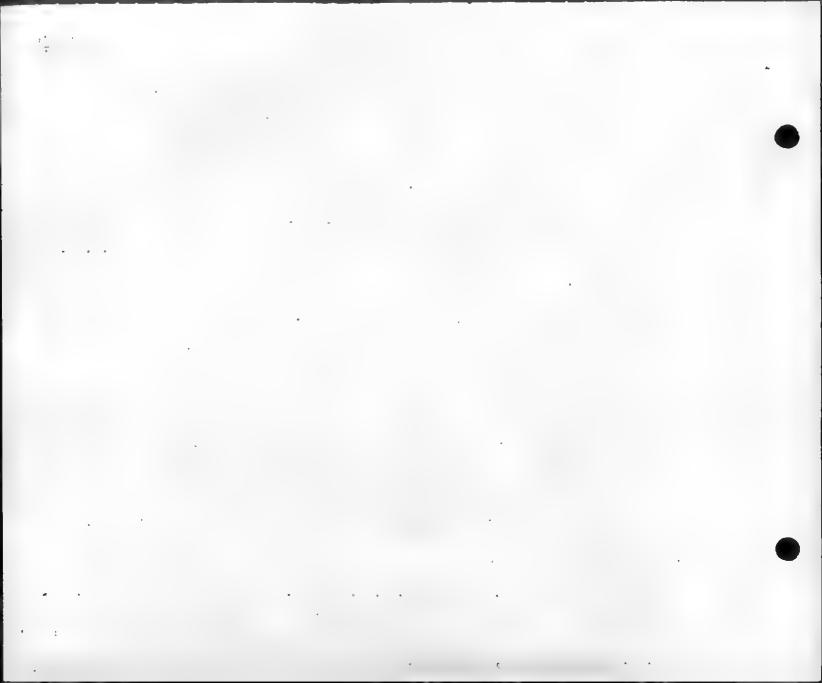
executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be dilached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deptification. ate be TO HORPITAL OR ATTENDING PHYSICIAN. The law requires that the death Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11368 CERTIFICATE OF	F DEATH 11289			
1. PLACE DF DEATH	SUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)			
a. COUNTY Frederick	a. STATE Maryland b. COUNTY Frederick			
b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CI	TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
write RURAL and give nearest town)	Brunswick			
	/6 - /			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. ST	REET ADDRESS  ON A FARM?			
MONTEYUE INFIRMARY	407 Brunswick Street YES NO E			
3. NAME OF DECEASED (Type or print) Lacey LEE Form	Last 4. DATE Month Day Year DF DF DEATH A			
	/(			
The state of the s	E OF BIRTH  9. AGE (in years   FUNDER 1 YEAR   FUNDER 24 HRS.			
remale W///c   WIDOWED   DIVORCED   7//	1/ /8 /3   13 yrs.			
10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life even if retired) INDUSTRY	BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT			
during most of working life even if retired) INDUSTRY	Maryland U.S.A.			
13. FATHER'S NAME 14.	MOTHER'S MAIDEN NAME			
John Peyton Id	da Mae Oden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORI	MANT Address			
no Char	les E. Forney Brunswick Md.			
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORMARY Thris	Mhode ONSET AND DEATH			
136	1			
Conditions if any which I	the Call			
gave rise to immediate	3.00			
cause (a), stating the DUE TO	*			
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO				
5 Cerebral arterio. Sele	163			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  20a. ACCIDENT WAS UNDERLYING TO ZOD. DESCRIBE HOW INJURY OCCURRED. ( OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of Injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF I	NJURY (Home, farm,   20f. (City or town) (County) (State)			
20c. Time of injury Month, Day, Year   20d. Injury Occurred   20e. PLACE OF I   Hour a.m., p.m. 19   While at work   at work	et, office bldg., etc.)			
p.m. 19 at work at work				
21. I certify that (1) (this hospital) attended the deceased from	t. 72, 1964 to Hug 3, 1966, that (1) (we) last			
	occurred at ColorM, from the causes and on the date stated above.			
22a. SIGNATURE	ENDING MED. STAFF 22b. DATE SIGNED			
1) Cruara (1: tunnas de M.D. PHY	STAFF DIRECTOR PHYS. 1 Aug. 3, 1966			
22c. Physician's Bernard O. Thomas, gr. M.D. 22c.	Trederick MA			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR	EMATORY   23d. LOCATION (City, town or county) (State)			
Dans 3 - 3   9 /6 /6/   D 3 + 7 + 3 + 4	Brunswick Maryland			
Burial 8/6/66 Park Heightac 24. FUNERAL DIRECTOR BRUHESWICK, Md.	CMC252 RECO BY REGISTRAR   25b. REGISTRAR'S SIGNATURE			
I to the Drunswick, Md.	DATE AUG 5 1966 OCL			
The muser House	DATE AUG 5 1966 golonla Judice			



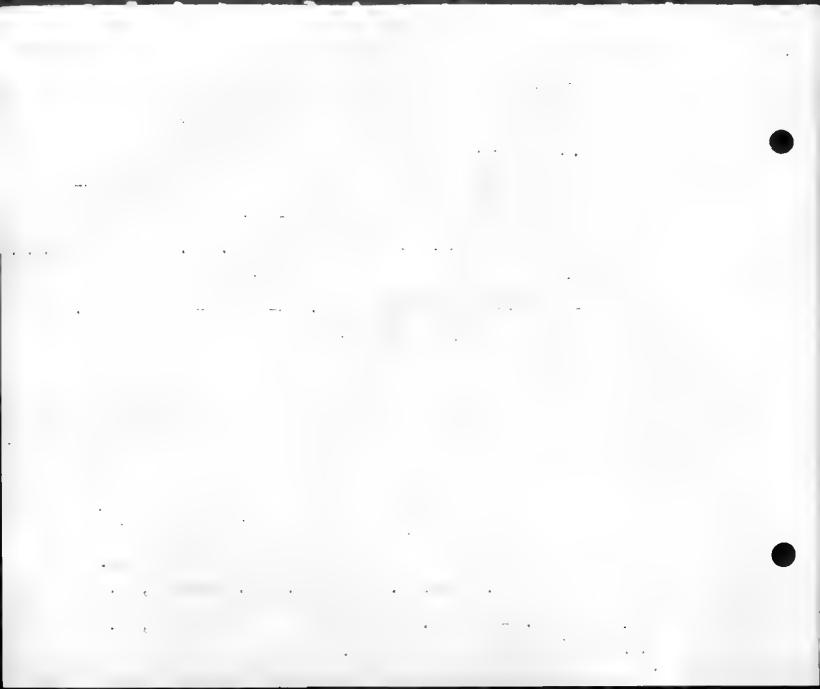


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after leath. Page 4 may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 11373 CERTIFICATE OF DEATH

	4, 2 0 0							
1.	PLACE OF DEATH	Я			0.000.000		lived, If institution:	Residence before admission)
	a. ooun.	Frederick		MARYLAND	a. STATE Mar	yland	b. COUNTY Fr	ederick
_	b. CITY OR TOW	N (if outside corporate and give nearest town	limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate		L and give nearest town)
		al- Frederic		4 years	Rur	al- Adams	town	- /
	d. NAME OF HOS	SPITAL OR INSTITUTION	(if not in h	ospital, give street address)	d. STREET ADDRESS		001122	e. IS RESIDENCE
		tevue- Infir					_	ON A FARM?
3.	NAME DE	Firs		Middle	Last	4. DATE	Month	Day Year
	DECEASED (Type or print)		rrv	None	Fox	DF DEATH	August	5- 1966
5.		6. COLOR OR RACE			B. DATE OF BIRTH	9 AGE	(In years LIFTINDER	R 1 YEAR   IF UNDER 24 HRS.
						last	birthday) Monthe I	Days Hours Min.
	Male a USUAL OCCUPAT	White     10N (Give kind of work de	MIDOWED	DIVORCED A	pril 13-188		oign country)   12 C	CITIZEN OF WHAT
dur	ring most of worki	ing life, even If retired)	11	NDUSTRY			C	COUNTRY?
12	Farming FATHER'S NAM				Frederick	Co., Ma.		U.S.A.
10.								
15	Howare				T	ine Swoml		
	es, ng, or unkown)	EVER IN U.S. ARMED FOR (If yes give war or dates of s	corries)		INFORMANT	4.0 =	Address	*** 03.003
	No		-   21	15-20-9495 Joh	m S. Fox-R	oute 2- r	rederick,	Md.ST.VOT
1			cause per li	line for (a), (b), and (c).]	1 .	1 1	2 (0)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a	a) (D)	mornard	erro sc	lerotro	· (VD.	51/100
	+201	DUE TO		1				
	Conditions, If	any, which )	b)					
	gave rise to cause (a), st	immediate (	,					
	underlying caus	total (ite	c)					
NO.	PART II. OTHER S	IGNIFICANT CONDITION	SCONTRIBU	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION								PERFORMED?
	20a. ACCIDENT	WAS UNDERLYING	20b. I	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I o	r Part II of Item 18	
CER	OR CONTRIBUTE	ING CAUSE OF DEATH	ER)					
		INJURY Month, Day, Ye		NJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, fa	rm,   20f. (City o	r town) (Cor	unty) (State)
MEDICAL	Hour a.m	n.	While	Not While factor	ry, street, office bldg., el	tc.)		
Σ	p,n		at work	11	DI I	103 AC	1. 5 .	21 1 10 1 2 1 1 5
		21	all attenge	ed the deceased from //	210	962, to/	, 13/	that (I) (we) last the date stated above.
	saw the dec	ceased alive on	71/	1900, and that	death occurred at	±42M/From th		the date stated above.  DATE SIGNED
	150 BA	IND MITI	Jana	10/	ATTENDING A	MED. ST	TO PP	• 6 <b>–1</b> 966
	22c. PHYSICIA	N'S	Crov.	M.D.	PHYS. 24 D	DIRECTOR PH	ivs.   Aug	• 0-T200
i	NAME (Ty	(pe) Bernard	O. The	omas, Jr.		g. Frede	rick, Md.	21701
239	RIPLAL CREM			23c. NAME OF CEMETERY			N (City, town or co	
200	REMOVAL (Spe	Aug. 8-	1066					
24	Burial DIRECT		7,200	Mt. Olivet Ce		Prede	rick, Md.	21.701
		nison & Son	7.	Frederick, Md.	the later to		10. 1	les Judge
	20101001	LDON & DON		FICUOTICK, Mus	CTIOT DATE	3 3 100	7	A

VR A15 (4) 20M 1/65

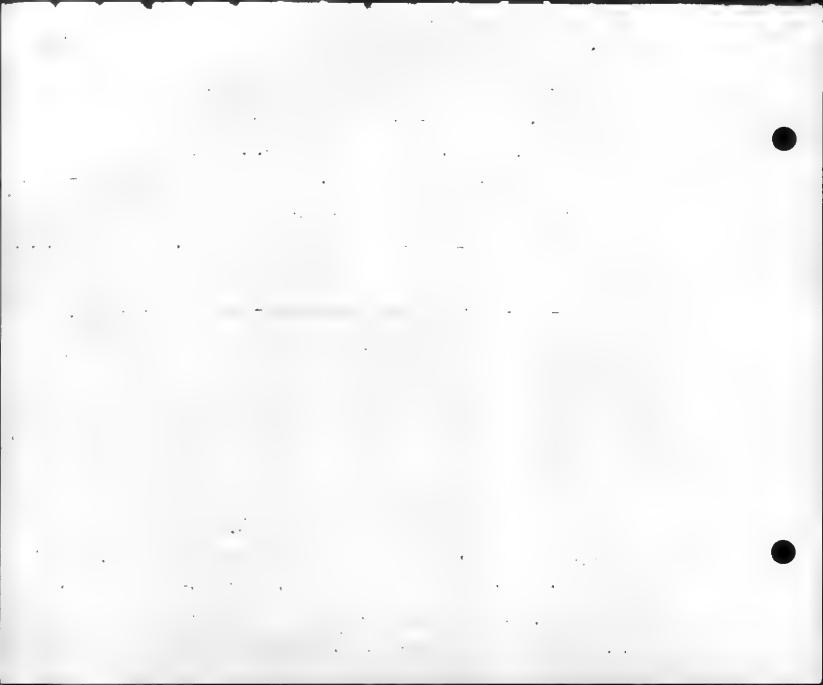


funeral wand 2 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician. TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH

a. COUNTY	a. STATE b. COUNTY
Frederick MARYLAND	a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
Braddock Hets.	Buckeystown /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
Vindobona Nursing & Conv. Home	P.O.Box 35 ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Mary Etta Catherine Grah	nam. OF August 21- 19 66
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR.
Female White WIDOWED X DIVORCED	June 5-1874   September 1881   September 1881   June 5-1874   September 1881   June 5-1874   June 5-
10a. USUAL OCCUPATION (Cive kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Homemaker	Loudon County- Va. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Potts	Mary Amanda Chamblin
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	lgar Graham- Lovettsville, Virginia
No   Not available bo	COSPINITIONAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	ville bramere premone 5 years
T73A DUE TO	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA:	YES NO 5
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  202. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor a.m. While Not While at work at work	ry, street, office bidg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	1960, to 8-21-, 196, that (I) (we) las
	death occurred atA_M, from the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF ATTENDING MED. STAFF
14/1 Marlin M.D	PHYS. DIRECTOR PHYS. HUE . 22-1700
NAME (Type) Dr. Rex R. Martin	22d. ADDRESS
	220 N. Market St Frederick, Md.21701
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial Aug. 24-1966 Union Cemete	
24. FUNERAL DIRECTOR ELLEVER T. ADDRESS DESECT	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
M.R.Etchison & Son Frederick, Mo	d.21701 DATAUG 26 1966 Scharles Judge

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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1137	2	MEDIC	AL EXAMINER'						11368
	PLACE OF DEATH				2 USUAL	RESIDENCE (	Where decease	ed lived, if institut	an: Residenc	e befare admission)
0	a. COUNTY	rederick		MARYLAND	a. STA	aryla	nd	Mon	Togom	erv
b		If autside carparate limits		LENGTH OF STAY IN 16	11			e limits, write RUI	A and awa	negrest town)
	write RURAL on	i give nearest tawn)		CENOTI OF SIA IN IS						Henrest Idwil)
					70	<b>并</b> 存於根據	क्षाक्षा है।	Germani	cown	<u> </u>
d	I NAME OF HOSPIT	AL OR INSTITLT ON (final	n haspital, givi	street address)	d SIKEET	ADDRESS				e IS RESIDENCE ON A FARM?
ts	ate Pol	ice Barra	cks B		Box	14A	Water	s Road		YES NO
3 1	NAME OF	Frs	it	Middle	La	†	4 DATE	Mant	h	Day Year
- (	Type or print)	onald or Do	nnelli	Ricane	Gra	y	OF DEATH	Aigest	25,	I966 19
	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	B DATE OF			AGE 'n years	IF UNDER 1	
1	Male	Colored	WIDOWED	DIVORCED		5, I9 <sup>1</sup>		22 birthdoy)	Manths	Days Haurs Min.
		(Give kind of work dane		OF BUSINESS OR	11 BIRT	HPLACE (State	or foreign co	nu, <sup>A</sup> }		ZEN OF WHAT
JUTTU.	ng mast af warking <b>Labor</b> ez		INDU Professor			La.			U	S.A.
3	FATHER S NAME				14. MOTH	ER'S MAIDEN	NAME			
T	Eugene	C-nor			Tac	M. F				
S.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16, 500	IAL SECURITY NO. 17	INFORMANT	III a P	CHEC	Addre	%	-4 arms 184
į	r Inknown)	(If yes give war ar dates of			773		~			ntown, Md
Y		1959-63	21	6-40-6643	Eugen	6 A.	Gray	BOX 14	A Wat	
		ATH (Enter only one caus H WAS CAUSED BY:	,							INTERVAL BETWEEN ONSET AND DEATH
	Ar.	IMMEDIATE CAUSE (		ingulation	due to	hangi	ng			
- 1		DUE 1	0							
	Conditions, if any,		b)							
nse ta immediate couse (a), stating the underlying cause DUE TO										
	last. (c)									
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RULL NOT RELATED TO THE TERM NAILD SEASE CONDITION GIVEN IN PART TO)										19 WAS AUTOPSY
FICATION		-		<del></del>						PERFORMED? YES NO 2
₽ŀ	20a EXTERNAL CA	USE WAS	20h DESCE	IBE HOW INJURY OCCURRED	) (Enter nature	of inverse in	Port L or Part	II of tem 19 \		1 10 11 110 18
3	PRIMARY D ar COI	NTRIBUTING 🗀		. ,	with all rull	3. 100/ 10/				
_ I	CAUSE OF DEATH	INV II. d. N. V.		self by us			007	16.6	ir.	3.3
20k T ME OF INJURY Month, Day, Year  20d INJURY OCCURRED While Not While of twork Barracks B Frederick, Frederick									,,	
E							Fred	erick,	rede	rick.Md.
21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion										
-1	death resulted from: Natural causes , Accident , Suicide X, Hamicide Undetermined manner									
CHIEF MEDICAL EXAMINER										
1	SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER									22. DATE SIGNED
1	EXAMINER'S							8/26,	/66	
1	NAME (Type)	B.O.Tho	mas, M.	D.			, city, tawn, a			
230	BURIAL CREMATIC			23c NAME OF CEMETERY O				ATION (City or Tov	(n) (i	(State)
D	REMOVAL (Specify								,	,, ,
	FUT181		o h	ohn Wesley		250 DEFIN	BY REGISTRA	RSDUTE	STRAPE CO	omery Md
24								1966	Milia	rely Judge
	C.E. F	licks.111	Frede	rick.Md		DATE A	UG 30	1200	1	10

VR A15ME (5) 6M 1/66

necessory, please execute the certificate, writing the word "pending" in the funeral directar. Page 4 should be forwarded to the Chief Medical 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

FOR STATE HEALTH DEP

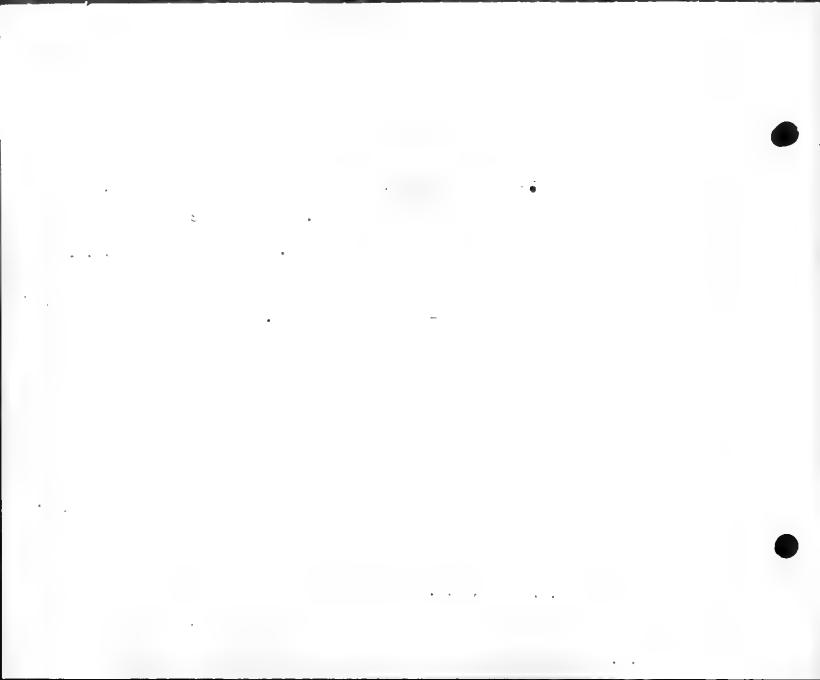
Prespectes 1 and 2 with the State Department of

in pencil in Item 18. Give Pages 1, 2, and 3 to Examiner's Office along with form PM3. Page

deloy is

This certificate should be executed within 24 hours after death li

TO DEPUTY MEDICAL EXAMINER:





TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

20M

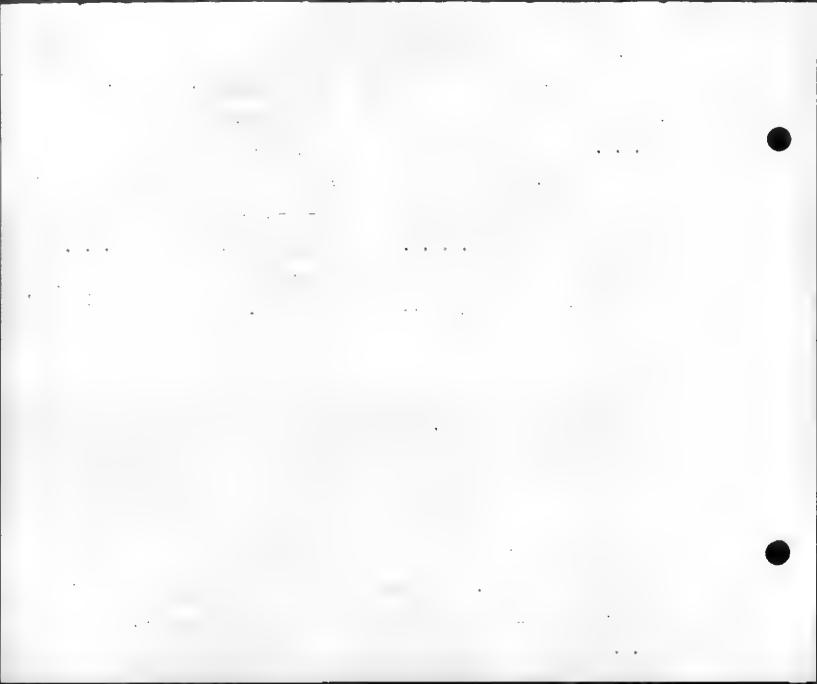
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	)	ia.	DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH 11368	
funeral and death.		1.	PLACE OF OEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission	эΠ)
			a. County Frederick MARYLANO	a. STATE Maryland b. COUNTY Frederick	
s arre by the Pages irs aft			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow	TI)
5 c 5			Francisco, Maryland	Brunswick, Maryland / /	-
f f	4		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address		?
ted within 2 completely fill re carbon pag event, within	- 7	-	Frederick Memorial Hospital	802 -2nd. Avenue	7
within pletely arbon it, withi		3.	DECEASED	Last 4. DATE Month Day Year OF	
comple ve car		5.	SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIEO	Haley DEATH Rugust 2, 19 66  8. DATE OF BIRTH   9. AGE (In years   I FUNDER 1 YEAR (IF UNDER 24 H)	28
and compressions of any ever			F White WIDOWEO A DIVORCEO	6 7 1. 80 (ast birthday) Months Days Hours Mir	
E		10a	a. USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12, C(TIZEN OF WHAT	-
Sician and in		dur	ring most of working life, even if retired) INOUSTRY	Maryland U.S.A?	
\$ \frac{1}{2} \frac{1}{2}		13.	Housewife FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
certificate nding phys. Then ple removal, a			Mr. Edward Wheeler	Catherine Donovan	
		15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no., or unkown) (Offyes give war or dates of Service) WA = 250 750 C	harles Haley 6213 Chesworth Road	_
		`	111 200100	Deltimon No.	
ᅙᇎᆓᅟᇢ			18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	Baltimore Md. INTERVAL BETWEEL	V
at the			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Valcular Co	Majke 72 Lij	
ysich gne ial-t			GOIX DUE TO S CO. S. J.	701	
Par			conditions, if any, which (b) (b) C, with Septimer (c)	Coma / Lhis.	_
ding ding bee the			cause (a), stating the DUETO underlying cause last.	it in loction 72 hrs.	
taw tten has as as		8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPS	Y
The or a ate use	<i>p</i> 43	CERTIFICATION		PERFORMED? YES 7 NO D	ส
tiffical for the factor of the	6	E	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OC	CURRED, (Enter nature of injury in Part I or Part II of Item 1B.)	¥
cer cer cer ched			203. ACCIDENT WAS UNDERLYING   20b. OESCRIBE HOW INJURY OCI OR CONTRIBUTING   CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
he the this this letac		MEDICAL	fan	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, officebidg., etc.)	_
by the ter be detected		MFD	Hour a.m. White Not While p.m. 19 at work at work	tory, street, amounter, etc.)	
Ned			21. I certify that (I) (this hospital) attended the deceased from_		st
TTE etair TOR shou				at death occurred atM, from the causes and on the date stated above	e.
OR ATT be reta DIRECTO ge 3 sho led with			22a. StgNATURE	ATTENOING MEO. STAFF 22b. OATE SIGNED	
	1		22c. PHYSICIAN'S	I.D. PHYS DIRECTOR PHYS	_
HOSPITAL age 4 mai FUNERAL irector, pi	3	Ιi	NAME (Type) A. Austin Pearre, Jr. M.D.		
Page 4 Page 4 FUNE  directo		23a	a. BURIAL, CREMATION, 23b. OATE THEREOF   23c. NAME OF CEMETE		=
	2		Buyla (pechy) 8-5-66 St. Mary's	Cemetery Peterswille Manuland	
	D	24.	FUNERAL DIRECTOR APPRESENSIVIC	k, Md 258. REC'O BY REGISTRAR 256. REGISTRAR'S SIGNATORE	_
VR A15 (4) 2DM 1/65	13	7	Teete Tieneral Hance	DATE AUG 4 1956 PCharley Judge	
KDIVI I/OJ					_

	1	DIVISI	ION OF STATISTICAL	MARYLAND STATE I RESEARCH AND RECOR	EPARTMENT OF H		1. MARYLAND
		1137	5		TE OF DEATH		11369
The office and the	funeral and 2	1. PLACE OF OE	HTA				tion: Residence before admission)
4	272		Frederick	MARYLANG	Mary	Land	Frederick_
**************************************	S TARRES		OWN (if outside corporate lin AL and give nearest town)		T .		RURAL and give nearest town)
	s. In	d NAME OF H	ederick	f not in hospital, give street addre	Frederi	ck	) e. IS RESIDENCE
<b>9</b> 2	filled i papers. In 72 h	the st			115 E. 7th	Street	ON A FARM?
		Frede:	rick Memoria	1 Hespital	Last 4.	DATE Month	YES NO DOX
1	artelloretellor, will	DECEASED (Type or print		Bev	Harrison	OF DEATH August	20,196619
P C P	and comp	5. SEX	6. COLOR OR RACE 7.	MARRIEO NEVER MARRIEO	8. DATE OF BIRTH	9. AGE (In years   IFU	NOER 1 YEAR IF UNDER 24 HRS.
6	any	Male	WILLIAM	100WEO DIVORCEO		966 - yrs.	1 30
5	sician a lease r	during most of wo	'ATION (Give kind of work done orking life, even if retired)	10b. KINO OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	physician n please r val, and in	13. FATHER'S NA	AME		Frederick	Fred. Co	U.S.A.
Ğ	ding phy Then premoval,						
6	endin it. Th	15. WAS OFC FASE	DEVER IN U.S. ARMED FORCE	ONE	Gloria 7. INFORMANT	Address	isen
4	ne atten permit. Lion, or	(Yes, no, or Dakowa	) (If yes give war or dates of serv	1GE)	Mother		
4	cian. cian. ed by the at transit pern , cremation,			use periline for (a), (b), and (c)	#		INTERVAL BETWEEN
4	requires that the unding physician. s been signed by the state burial-transit profits to burial, cremating	PART I.	OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)_	Munall	ily		11/5/1
i	ysici gne ial-	716.			7		
	g ph		if any, which (b)_ to immediate				
í	tending tending has been as the 1 prior to 1	cause (a), underlying ca	stating the DUE TO				
The last and the dead and dead and the second the second s	ne raw or atten ore has use as alth pric			CONTRIBUTING TO DEATH BUT NOT R	ELATEO TO THE TERMINAL OISE	ASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMEO?
	al or at fifcate t for use Health	ICA1					YES NO
4		PART II. OTHE	NT WAS UNDERLYING DITING CAUSE OF OF ATH NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature of Inju	ry In Part I or Part II of Ite	m 18.)
2	d by the hosp After this ce I be detached State Dept. (	20c. TIME 0	F INJURY Month, Oay, Year	84	LACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	After After d be c	Z (IVIII	pm. 19	While Not While at work at work			
100	ined ined ined ould the			attended the deceased from.			19, that (1) (we) last
	ok Allen / be retaine DIRECTOR: ige 3 shoul led with the	saw the c	deceased alive on	19 and 1	hat death occurred at		on the date stated above.
<b>(</b>	DIR Be See See See See See See See See See S		rammer.	Jugues	M.D. PHYS.   MEO.	CTOR STAFF	
:	may MAL 7. pa	22c. PHYSIC NAME	/Tromal	1 .	22d. ADDRESS		
6	PROSPITATION OF ATTENDING PAGE 4 May be retained be TUNERAL DIRECTOR: Aft director, page 3 should be should be filed with the St		Rober	t_S. Hughes		ck, Maryland	40
5	Sho dir.	23a. BURIAL, CR REMOVAL (S	Specify) X/2 /			ead. LOCATION (City, town	
	- 0	Z4. FUNERAL OF	RECTOR	A DORESS	MERIAL HOSPITAL	FLEDBREK FRE BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	110			1 administration	2.0	0	
	VR A15 (4)	Rober	I K. Veto	assestant - F	WH DATE HU	629 1866 K	Charles Viena

to the second of · +

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYI AND
2 782	11379 CERTIFICATE OF DEATH	11370
after death.  the funeral ges 1 and 2 after death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Res	sidence before admission
<b>₩</b> •• ••	II at SIMIL D. CODNIT	ederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)    Maryland Fr   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	nd give nearest town
- 5 - 5 E	Frederick Life Frederick d. Name OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
filled I papers.		ON A FARM?
within 24 h pletely filled arbon papers it, within 72	D.O.A. Frederick Memorial   111 Ice Street  3. NAME OF DECEASED First Middle Last   4. DATE Month	Day Year
≱ <u>5 2 4</u>	(Type or print) Lewis Eugene Hill OF DEATH August	4 1966
executed wi and comple remove cark n any event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years if UNDER 1) last birthday) Months   D	YEAR IF UNDER 24 HR
execu n and remo	Male Nefro WIDDWED DIVORCED 70-19-1892 73 yrs.	
sician sician lease and Ir	during most of working life, even if retired) INDUSTRY	IZEN OF WHAT INTRY?
# \$ <u>~</u> -	General Utility Y.M.C.A. Frederick Maryland U.S.  13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	.A.
ertifica Then remova		
ith certification of remove		derick, Mo
uires that the death c g physician. on signed by the attent burial-transit permit	No 220-18-1108 Mrs Ruth G. Hill 111 Ice S	
the yy the sait	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
hat cian cian led the	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARCINOMA OF THE STORACH  151X  DIE TO	10 mentes
ces t chysi sign uria	Conditions, if any, which } (b)	
requires that the ding physician. been signed by the burial-transit or to burial, creman	gave rise to immediate ( cause (a), stating the DUE TO	
law requires that attending physician has been signed to a ste burial-train hprior to burial, cr.	underlying cause last. ) (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
PHYSICIAN: The law req the hospital or attending if this certificate has bee detached for use as the ite Dept. of Health prior to		19. WAS AUTOPSY PERFORMED? YES NO
ital c	HRTERIOS CLEROTIC HEART UISENS2  2Da. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	152 10 1
PHYSICIAN: the hospital this certifi detached fo e Dept. of H		
PHYS the I this this detai	ZDc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   2Df. (City or town)   (Count factory, street, office bidg., etc.)   2Df. (City or town)   (Count factory, street, office bidg., etc.)   2Df. (City or town)   (Count factory, street, office bidg., etc.)   2Df. (City or town)   (Count factory, street, office bidg., etc.)   2Df. (City or town)   2Df. (Cit	ty) (State)
DING P ed by t After Id be d e State		
OR ATTENDING De retained by INECTOR: After e 3 should be ed with the State		e, that (ive) last
ATT retz ECTG 3 sh with	22a. 9GNATURE   22b. DAT	e date stated above
AL OR Tay be III DIRECT IN THE	Tuliarel C. Reyneld, M.D. ATTENDING MED. STAFF PHYS.   8/3	5/66
INAL DE F	22c. PHYSICIAN'S NAME (Type)	
Page 4 may be retained function, page 3 should be filed with the think the should be filed with the	Richard C. Reynolds 804 Toll House Ave Frede	
<b>5</b> 등 음생	REMOVAL (Specify)	MA
0	24. FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15 (4) 20M 1/65	C.E. Hicks, 111 Frederick, Md DATE AUG 8 1966 Tollow	Par Quelan
Will 1/00	. 4	1





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a COUNTY MARYLAND c LENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate limits, ely filled in by the bon popers. Poge within 72 hours a write RURAL and give nearest town 10 DAYS LINION BRIDGE RURAL FREDERICK d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? JOHNSVILLE NO [ YES 3 NAME OF Middle Month Year DECEASED (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE NEVER MARRIED lost burthday) WIDOWED DIVORCED 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY DRIVER ROBERT IJTIE GRABILL 17. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dotes of service) 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES [ NO 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) at work 21. I certify that (I) (this haspital) attended the deceased fram 71 dece-19 G G ta 2\_ , 19 6 6 that (1) (we) last 19 6 Sand that death accurred at 925 M, fram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED OM.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S 00 NAME (Type) 23d. LOCATION (City or Town) 23o, BURIAL CREMATION, 25or REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR



Item 18 Film 380 9-6-MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. death and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY **B. STATE** b. COUNTY ~ Pages 1 urs after the fes 1 24 hours after b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers, Page hin 72 hours a .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS within within completely carbon NAME DE Middle DATE Last DECEASED DF event. (Type or print) DEATH executed 6. COLOR OR RACE remove DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months any WIDOWED DIVORCED lease re and in a 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please r certificate FATHER'S NAME removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. 20 death (Yes, no, or unkown) | (If yes give war or dates of service) Sameus ITEMbeen signed by the at the burial-transit pern or to burial, cremation, LAWRENCE CAUSE OF DEATH | Enter only one cause per line The law requires that the PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) Cenditions, If any, which gave rise to immediate ensive cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health use certificate the hospital or Severe Malnutrition PHYSICIAN: this cerum detached fo 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While at work at work be retained 1966 21. I certify that (I) (this hospital) attended the deceased from 1966 and that death occurred at 1755AM, from the causes and on the date stated above. 26 saw the deceased alive on 22a. SIGNATURE page I C DIRECTOR M.D. O HOSPITAL PHYSICIAN' ADDRESS Medical O FUNERAL 22c. FREdeR director, p should be NAME (Type) a BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) WITE FREDERICK-MO. BURIA 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR REC'D BY REGISTRAR I 1966

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**COUNTRY?** <

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(County)

Aug

22b.

12. CITIZEN OF WHAT

e. IS RESIDENCE ON A FARM?

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

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1966 that (I) (we) last

DATE SIGNED

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(State)

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NO DE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11381 PLACE OF BEATH funeral and 2 death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland Frederick MARYLAND Frederick CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b etely filled in by to bon papers. Pege within 72 hours a -Rural Frederick Years Route d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital Route YES -NO within letely and completely remove carbon I any event, with NAME OF Harry Month Middle Krantz Last 4. DATE Day Year DECEASED (Type or print) W. DEATH 1966 August 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED last birthday) | Months | Days Hours Male White WIDOWED [ DIVORCED . 20,1906 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT physician n please p val, and in 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? U.S.A. Farming Frederick County. Maryland Farmer certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal attending permit. Then Charles E. Krantz Elmegia Bast 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Б (Yes, no, or unkown) [(If yes give war or dates of service) cremation, 219 36 2691 Wrs. Margaret Krantz. (Same as item 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by purial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-t burial, DUE TO Cenditions, If any, which (b) been gave rise to immediate the to DUE TO cause (a), stating the as the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p PERFORMED? certificate YES [ NO E PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this co MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. should 21. I certify that (I) (this hospital) attended the deceased from... 19<u>6</u>, that (I) (we) last DIRECTOR: /
age 3 should
iled with the 19.44, and that death occurred at 10 PM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. 4 may BI PHYSICIAN'S 22d, ADDRESS O FUNERAL director, p NAME (Type) BURIAL, CREMATION, 1 23b. 23d. LOCATION (City, town or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify)  ${f Frederick}.$ Burial REC'D BY REGISTRAR 25b. DATAUG M. R. Etchison & Son, Frederick, Maryland VR A15 (4) 20M 1/65

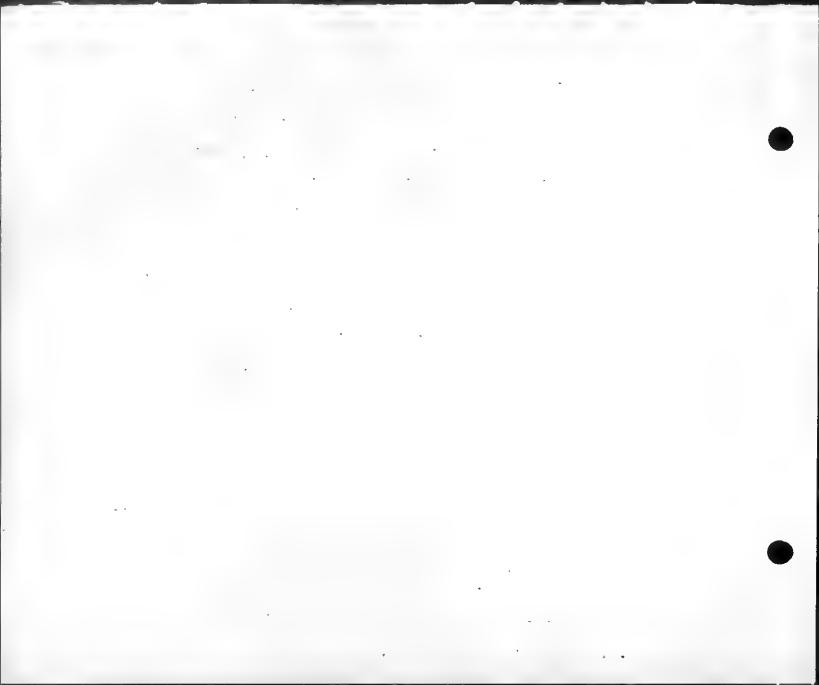
MARYLAND STATE DEPARTMENT OF HEALTH

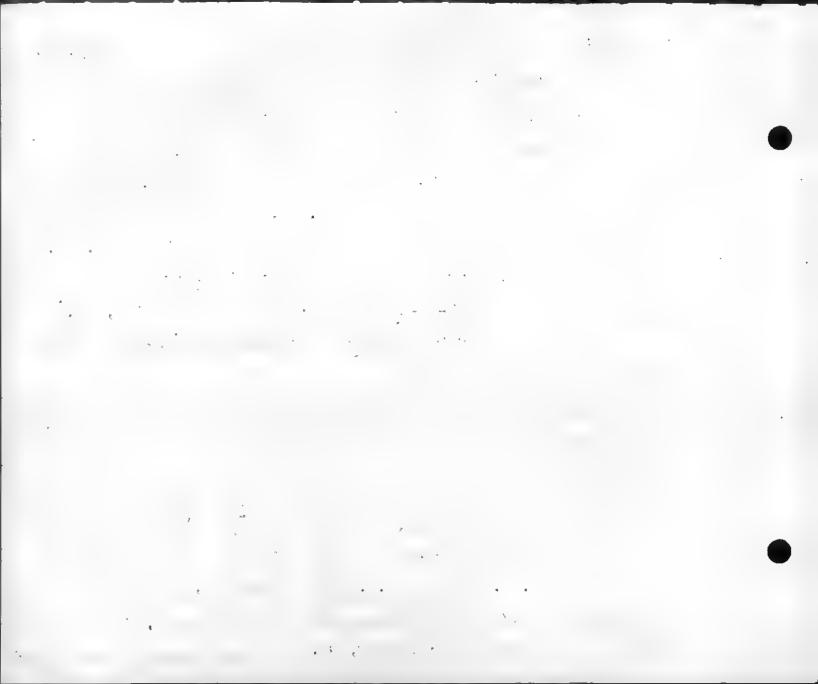


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH fulleral hours after death. e 9 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY within 72 hours after FREDERICK MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK FREDERICK completely filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? FREDERICK MEMORIAL HOSPITAL LINDBERCH AVENUE NO death certificate be executed within Carbon NAME DE First Middle Last DATE Month Day Year DECEASED (Type or print) DEATH 19 SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS геттоуе DATE OF BIRTH eve 7. MARRIED X NEVER MARRIED last birthday? please remov Days Months Hours and MALE WIDDWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT the attending physician t permit. Then please it COUNTRY? ENGINEER CONSTRUCTION 119/ removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME JULIUS LEVIEN MTNA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address TO FUNERAL DIRECTOR: After this certificate has been signed by the attent director, page 3 should be detached for use as the burial-trans.t permit. should be filed with the State Dept. of Health prior to burial, cremation, or r (Yes, no. or unknown) . (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ] 18. INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(a) WAS AUTOPSY PERFORMED? YES 🗔 NO PHYSICIAN: 208. ACCODENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work OR ATTENDING be retained by p.m. at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at IOA M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE. 22b. DATE SIGNED ATTENDING PHYS. MED DIRECTOR Page 4 may PHYSICIAN'2 ADDRESS 22c. 22d. director, p should be 1 NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 11216 HADVI FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. 19 VR A15 (4) 15M 4-64



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		11382 CERTIFICATE OF DEATH 11376
funeral and 2 r death.	l.	
fter the	-	b. CITY OF TOWN (if outside corporate limits.   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Page		Cwrite RURAL and give nearest town)
hours ed in by ers. Pa 72 hours		d. NAME DF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
vithin 24 hours a etely filled in by rbon papers. Pag , within 72 hours a		FREDERICK Mim. 185 West All Saints, St. YES NOW
within pletely arbon p	3.	NAME OF DECEASED DECEASED First Middle Last DATE Month Day Year DECEASED DEATH 8 29 1966
	5.	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
executed and com remove c	15	- 1 MALE NEG TO WIDOWED DIVORCED 7-4-/870 76 yrs. WINDOWS DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
be crian ase d ii	du	ring most of working I're, even If retired) INDUSTRY
ficate be e g physician eff please r	13	FATHER'S NAME  14. MOTHER'S MAIDEN NAME
certificate nding physic Then ple	11	WOLD AN LITTLE S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY NO.   17. INFORMANT  Address For January 17. INFORMANT  Address For January 17. INFORMANT
death certifi he attending permit. The tion, or rente		es, no, or unkown) (If yes give war or dates of service) 214-54-0001 Mrs Local Source (850) ALL Salatis
\$ \$ \$ \$ \$		18. CAUSE OF DEATH [Enter only one cause por line for (a), 00, and (c).1/
tat the signature of th		IMMEDIATE CAUSE (a) Company of Character of
law requires that the death tending physician. has been signed by the atter as the burial-transit permit, prior to burial, cremation, or		Conditions, If any, which DUE TO alle the trate wait chipses ides.
required in the property of the property or to be		gave rise to Immediate Cause (a), stating the DUE TD
The law requires that to a stending physician ate has been signed buse as the burial-tranalth prior to burial, cre	NO	underlying cause last. (c) CMULY SUMMANUAL PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
o = <u>a</u>	ICAT	PERFORMED? YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part 11 of Item 18.) DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI the hos this ce detache	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour a.m. While Not While factory, street, office bldg., etc.)
	ME	p.m. 19   at work   at work
ATTENDING retained by CTOR: Afte Should be with the Sta		21. I certify that (I) (this hospital) attended the deceased from
OR AT be rel DIRECT Se 3 s ed wit		228. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF
PITAL OR 4 may be EERAL DIR tor, page 1 be filed		22c. PHYS CIAN'S NAME (Type) NAME (Type) NAME (Type) NAME (Type) NAME (Type)
TO HOSPITAL OR ATTENIPE Page 4 may be retaine to FUNERAL DIRECTOR: director, page 3 should be filed with the		nobert S. Hughes Frederick Md
TO HOS Page , TO FUN direct should	23	REMDVAL (Specify)
92	2	4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR 415 (4)		C.F. Hicks, 111 Frederick, Md DATE SEP 1 1956 Miles Judge

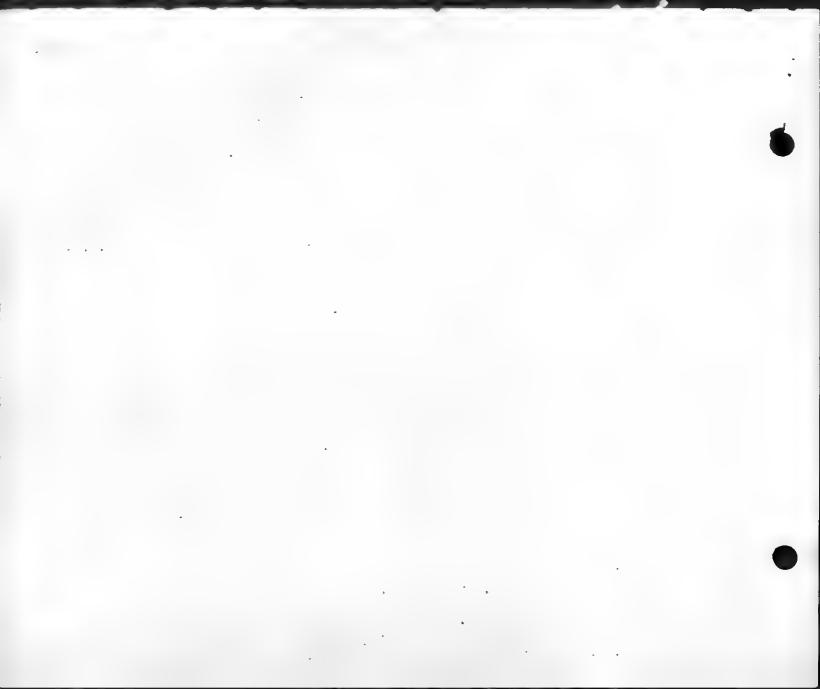




MARYLAND STATE DEPARTMENT OF HEALTH

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1.						2 IISHAI RESIDENC	E (Where do	engred land 16 in	etitution: Do	richmon	boford 34	dericelan	
	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission b. COUNTY b. COUNTY Frederick							
		ederick			RYLAND	li <sub>a</sub> ryland			rreder	CJ.C.	.<		
	write RURAL	N (if outside corporate and give nearest town	e limits, i)	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (If		porate limits, w	ite RURAL a	ind gh	e neare:	st town)	
	Fre	derick	1 6 5 5 1-	Years_	4 - 4 4 5	Frederic	k				_ /	a Parent con P	
	G. NAME OF HUS	PITAL OR INSTITUTION	N (IT not In	nospital, give stree	it address)	d. STREET ADDRESS				9	. IS RES		
-		Memorial Ho	spita	1		39 Taney A	pt.			Y	ES 🗌	NOK	
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mont	1	Day	Ye	ar	
	(Type or print)	CARL		MICHAEL	MI	SENKO	DEATH	August		29	19 6	56	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARE	RIED	B. DATE OF BIRTH		AGE (In years					
	Male	White	MIDOME		CED []	arch 8, 188	4 8	2 yrs.	Months D	ays	Hours	Min.	
10a	I. USUAL OCCUPATING most of work	ION (Give kind of work ding life, even if retired	one 10b.	KIND OF BUSINESS	OR	11. BIRTHPLACE (Co	unty & State	er fereign country	12. CIT	IZEN ( INTRY	F WHAT		
	Retire			armer		Russia				5.A,			
13.	, FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME						
	Mich	nael Miser	ıko			(Unkno	wn)						
		EVER IN U.S. ARMED FOR		6. SOCIAL SECURITY	NO. 17.	INFORMANT		Addre	SS				
(11	No.	(11 yes give war or trates of	service) 2	219 20 323	4 Mrs	. Mary Mise	nko(Sa	me as it	em #2)	)			
	18. CAUSE OF	DEATH [Enter only one	cause per	line for (a), (b), and	d (c)_]					INTER	VAL BE	TWEEN	
	PART I. DE	ATH WAS CAUSED BY:	. (	"andia	-2.	peratury	A-0.82	42	-	ONSI	T AND I	EATH	
	237 X	IMMEDIATE CAUSE (			> V7.0)	- PORCOOL	Hora	- > 1					
	Conditions, if	any which \	- (	POR	DAI	THROW	RACI			10	700	11.5	
	gave rise to	immediate	b)	- CICCIA	12110	100.00	12021-	ب			1000	47	
	cause (a), st underlying caus	- took	-	ARTER	1050	Lerosis							
Š			S CONTRI			TED TO THE TERMINAL D	ISEASE CON	DITION GIVEN IN	PART 1(a)	119.	WAS AU	TOPSY	
AT	Ditti	1) 217 83	-	4 -						YES	PERFOR		
FIG	20a ACCIDENT	WAS UNDERLYING IT	1 20h	DESCRIBE HOW IN	CHLIT	RRED. (Enter nature of	Inlues In De	art I or Port II o	f itom 12 \	TES	<u>,                                    </u>	NO 🔽	
CERTIFICATION	OR CONTRIBUTI	NG ( ) CAUSE OF DEATH	H 200.	DESCRIBE HOW IN	DUK1 0000	RRED. (EIITE BATATO OF	enlary in te	ilt i oi rait ii o	i stem ro-)				
		NJURY Month, Day, Y	1	INJURY OCCURRED	Loga DI Ar	CE OF INJURY (Home, far	- 1 205	(City or town)	(Count	-A		tate)	
MEDICAL	Hour a.n		Whil			ry, street, office bldg., et	ic.)	(City or town)	(Conu	(1)	(2	tates	
ME	р,г		at wo	ork at work	]		1						
	21. I certif	y that 🕕 (this hospi	tal) atten	ded the deceased		MAY, 19	63, to_	8/29	_, 19 <b>66</b>				
		eased alive on	र जि	1966	, and that	death occurred at6	M, fro	om the causes				above.	
	22a. SIGNATUR	TE -	$\lambda_a, 0$			ATTENDING	fεD	_ STAFF	22b. DAT	ESIG	NED		
	100	m H.	750-4	le.	M.D.	. PHYS.	IRECTOR	STAFF PHYS.	819	91	66		
	22c. PHYSICIA NAME (Ty	ran)	ti me	also II D		22d. ADDRESS	A	Frada		35		٦	
111		9000		ske, M. D		Montclair							
23a	REMOVAL_(Spe	ATION, 23b. DATE TI				OR CREMATORY		CATION (City, to			(St	ate)	
- 00	burla	. August	15			morial Cem.	Fred	erick, M	arylan	id	Tine		
24	. FUNERAL DIRE	140-16	ild.	TH. ADDRESS	TRECE	Carry 1		10.66 R	Clian	JOS	Que	ar	
	de Re	Etchison &	: Son,	Frederick	c, Mar	y Land DATE A	UG 3 1	1966	1	00	1	1	

VR AIS (4) 20M 1/65



R # 2  NAME OF DECRASED NO.  DEATH AUGUST 11 19 66  S. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8 DATE   19 DEATH AUGUST 11 19 66  S. SEX  FEMALE White   Whowed   No.   10 DEATH   10 DEA		DIVISION OF STATISTICAL RESEARCH AND REC	ORDS, 30	OF DEATH	STREET, BAI	LTIMORE 1,	MARYL	1379
RUTE1 Taneytown  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R # 2  3. NAME OF BURGES  B # 2  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R # 12  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R # 12  3. NAME OF BURGES  B # 12  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R # 12  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R # 12  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R # 12  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R # 12  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R # 12  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R # 12  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R # 12  3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  R # 12  S EST NO  DEATH August   11  S DATE OF HOSPITAL August   11  S DATE OF	1.	a. COUNTY Exademials		A STATE		b. COUNTY	rederic	e before admission
R # 2  3. NAME OF DECEASED (Type or print)  Alice Hoke Naill OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DYORGED NOV. 9, 1880  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOV. 9, 1880  7. Mail Nov. 9, 1880  8. Sex Months Days House 2 His birtheay)  10. USUAL OCCUPATION (Give kind of work done during most of working life, was H relived)  10. WIDOW D DONE DONE DONE DONE DONE OF BUSINESS OR INDUSTRY II. SIRTIPLACE (County & Stale, or foreign country)  12. CITIZEN OF WHAT COUNT HOUSE WIFE (Ta, no, or anchown) (Hyesigive-water dalses starvice)  13. FATHER'S NAME  Jacob Hoke  14. MOTHER'S MAIDEN NAME  Marry Keilholtz  15. WAS DECEASED EVER IN U.S. ARRIED FORCES? (Ta, no, or anchown) (Hyesigive-water dalses starvice)  16. CAUSE OF DEATH lenter only one coole by line for (a), (b), and (c).  17. INFORMANT  NO  18. CAUSE OF DEATH lenter only one coole by line for (a), (b), and (c).  19. PART I. DEATH MAS CAUSED BY. MARRIED FORCES? (MARRIED LANGE) AND Color of the Conditions, if any, which gave rise to immediate cause (a), staling the underlying color of the Conditions, if any, which gave rise to immediate cause (b) to Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause of Port of the Conditions, if any, which gave rise to immediate cause (b), while gave rise to immediate cause (b) to Conditions, if any, which gave rise to immediate cause (c), while gave rise to immediate cause (c)  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) 19. WAS AUTOF PRESCRIPTION (C) 19. WAS AUTOF PRESCRIPTION		write RURAL and give nearest town) Rural Taneytown		Rura			AL and give n	, . ,
DECRASED  Type or print)  Alice Hoke Naill  DEATH August 11 19 66  5. 5EX  Female White Whomb I Never Married Nov. 9, 1880  Female White Whomb I Never Married Nov. 9, 1880  Female White Whomb I Never Married Nov. 9, 1880  Female White Whomb I Never Married Nov. 9, 1880  Female White Whomb I Never Married Nov. 9, 1880  Female White Whomb I Never Married Nov. 9, 1880  Female White Whomb I Never Married Nov. 9, 1880  Female White Whomb I Never Married Nov. 9, 1880  Female White Nov. 10. 10. Nov.		R # 2	(ress)	R #_		Month		ON A FARA
Tob. USDAL OCCUPATION (Give kind of work done during most of working life, even if reliefed)   IOD. KIND OF BUSINESS OR INDUSTRY   II. SIRTHFLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNT   II. SIRTHFLACE (Country & State, or foreign country)   12. CITIZEN OF WHAT COUNT   II. SIRTHFLACE (Country & State, or foreign country)   I2. CITIZEN OF WHAT COUNT   II. MOTHER'S MADE   II. MOTHER'S MADE NAME		DECEASED (Type or print)  Alice Hoke	en [] [] []	Naill	of DEATH AU	igust	11	19 66
HOUSEWISE  HOUSEWISE  HOUSEWISE  HOUSEWISE  HOUSEWISE  JACOB HOKE	10	Female White WIDOWED DIVORCE USUAL OCCUPATION IGNA FINANCE LICE KIND OF BUSINESS OF	ED NO	ov. 9, 1880	lest 85	birthday) Mor	ths Days	Hours Min,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address (18. no. or unknown) (Illyesgive-war or deleas of service) NO  16. CAUSE OF DEATH [Enter only one cause or line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: (b) CONTRIBUTION COLOR WAS DELETED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (b) (c)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) 19. WAS AUTOP PERFORMED OR CONTRIBUTING COLOR CONTRIBUTION COLOR	do	Housewife Own home		Adams Co.,	Penna.	, country;		
PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)	15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY I 17. Social SECURITY I 18. NO 214-42-1260	Danie	ORMANT		Address		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. p.m. 19 State work at work 19 and that death occurred at 3 AM, from the causes and on the date stated about 22e. SIGNATURE ATTENDING MED. STAFF 1945. DATE 22b. DATE 2bb. DAT	CATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	LOCAL TH BUT NOT R	Reputer Reputer		<u> </u>		PERFORMED
21 I certify that (I) (this hospital) attended the deceased from 19.0, to Mile 19.0, that (I) (we) saw the deceased alive on 19.0, and that death occurred at 3.4M, from the causes and on the date stated about 22a. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 124 ADDRESS OF	T.	OR CONTRIBUTING CAUSE OF DEATH				tem 1B.)		
saw the deceased alive on	MEDICA	Hour a.m. While Not While				7	(County)	(State)
ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D		saw the deceased alive on		eath occurred et 3/	197. 10. 10. 144 4.M. from the	couses and		stated abov
		NRCade	M.D.	PHYS. DI			8.0	22b. DAT SIGI
Burial 8/13/66 Trinity Lutheran Cemetery Taneytown, Maryland	24	Burial 8/13/66 Trinity I tunkral officers signatures 1 Address Sonn H. Skiles C.O. Fuss & Son		25a. REC	UG 15	1000	AR'S SIGNATI	0 .



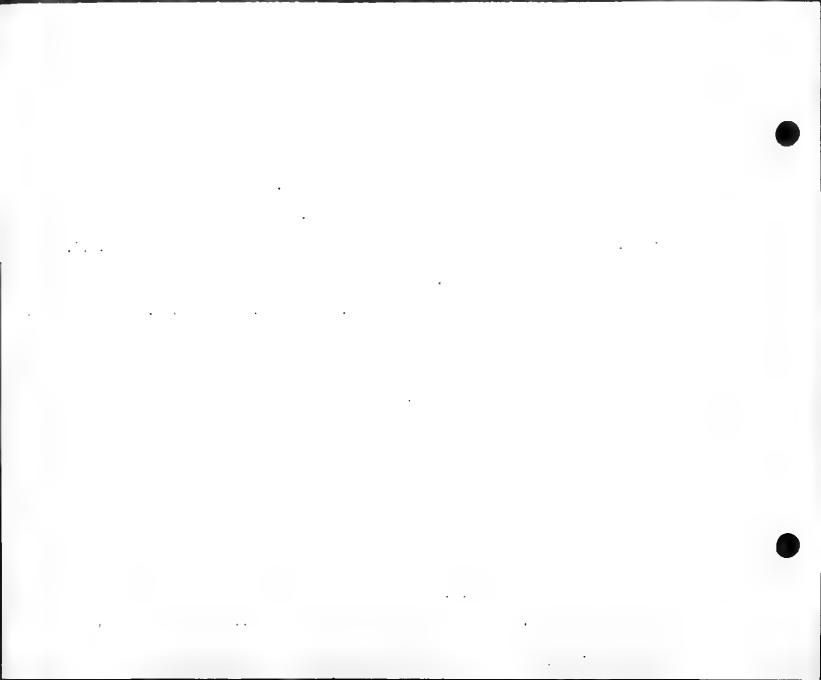
2		- 1		MARYLAND STATE DEPARTMENT OF HEALTH	
	,			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 11383 CERTIFICATE OF DEATH	ARYLAND
	में हिंदी	ž.	_		19911
-	after death, the funeral ges 1, and 2	e e	1.	PLACE DF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Res  a. STATE  b. COUNTY	sidence before admission)
	rs after by the f Pages 1	Ite		FREDERICK MARYLAND PI	REDERICK
	s al	S		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	ind give nearest town)
	hours d in by		-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	0 - 1
	24 b	1 1	Z		ON A FARM?
	il y fi		3.	NAME DE First Middle Last 14. DATE Month	YES NO X
	death certificate be executed within 24 hours and attendance physician and completely filled in by permit. Then please remove carbon papers. Pag	nt, w	٥,	NAME DF First Middle Last 4. DATE Month DECEASED (Type or print)  BELLE NASHER DEATH AUGUST	7 19 66
	con ve	9 64	5.	SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1   I   I   I   I   I   I   I   I   I	
	xect and emo	auy		WHILE WIDDWED DIVORCED 1-9-1914 52 yrs.	Days Hours Min.
	se r	5	1Da dur	USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CIT (GOL)	IZEN OF WHAT
	ysic ysic	, a		YOUSE WIFE AT HOME PA.	S.A.
	HECO.	removal	13.	FATHER'S NAME,  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	2500
	意。等	E	15	WAS DECEASED EVER INU. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	DEKG
	death certificate be e ne attracting physician permit. Then please	, o	(Ye	s, no, or unknown) (If yes give war or dates of service) 182-07-5417 ERNEST R. NOSHER FREDE	PICK IND
	de de			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]	INTERVAL BETWEEN
	The law requires that the or attending physician. Cate has been signed by the ruse as the burial-transit.	Lem Lem		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  MYPERNIEPHROMA	ONSET AND DEATH
	that icia ned ned	<u>ਛ</u> ੰ		180X DUE TO	13141112
	phys sig	מתני		Cenditions, If any, which \ (b)	
	equi ing ing ing he t	2		gave rise to immediate Cause (a), stating the DUE TD	
	w rend ses to as t	710	2	underlying cause last. (c)	
	r at te h	#	ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	al o al o fical	Hea	IFIC.	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	YES ND
	DHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat Page 4 may be retained by the hospital or attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the at director, page 3 should be detached for use as the burial-transit perm	ř. o	CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	HYS he h this etac	Dep	CAL	20c. TIME DF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE DF INJURY (Home, farm,   20f. (City or town)   factory, street, office bidg., etc.)	ty) (State)
	by ter	tate	MEDICAL	Hour a.m.  While Not While at work at work	
	NDIN ned	ne S		21. I certify that (1) this hospital) attended the deceased from , 19.62, to August 7 1966	that (1) (we) last
	TTE etair TOR show	£ .		saw the deceased alive Dn. 8/7 19 6, and that death occurred at 6 M, from the causes and Dn the	
	DR A	φ		ATTENDING A MED CTAFF	TE SIGNED
	AL (	file		22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS	1160
	Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should	p p	İ	NAME (Type) KICHARD C. REYNOLDS FREDERICK, MD	
	HO age FUI	houl	23a		ty) (State)
	55	ψ	5	SUKIAL 8-7-66 TRESTHAVEN) TREDERICK, M	O,
	100 1.5 10	0	24.	TUNERAL DIRECTOR 250. REGISTRAR 250.	. la O
	VR A15 (4) 20M 1/65			Salamone Sur. Vigelas PREDERICK, MIX DATE AUG 10 1966 Journ	rus Juage
		-4			EJ



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11387 11381 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ved, if institution Residence before admission) · COUNTY Frederick **b** COUNTY P.M.3. Page Maryland Montgomery to MARYLAND delay c CITY OR TOWN (floutside corporate limits write RURAL and give nearest town) b C.TY OR TOWN (If outside corporate I mits. c LENGTH OF STAY IN b and write RUPAL ond sive nacy town rederick Clarksburg Rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Frederick Memorial Hospital State YES NO X 3 NAME OF Midd e 4 DATE Month DECEASED OF DEATH August RICHARD NUCHOLES. Jr. 66 CARLTON (Type or print) 5 SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE ( n years IF LINDER 1 YEAR IF UNDER 24 HRS 7 MARRIED T NEVER MARRIED Hours White Male Sept. 14, 1940 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if refired) Plimbing OUNTRY? Staunton, Virginia 13 FATHERS NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within Richard Carlton Nuckoles, Sr. Willie Strickler Ranken File IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT 15 WAS DECEASED LYEK IN U.S. ARMED FUNCES! (Yes, no, or unknown) (c types give wor or dotes of service) 226-50-7905 remayal Mr. Richard C. Nuckoles.Sr. Staunton, Va. IB. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c).) INTERVAL BETWEEN **burial-transit** PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) crematian, DUE TO Conditions, if only, which gove rise to immediate couse (o). DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? YES M NO. 2 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW .N.URY OCCURRED. (Enter noture of injury in Port I or Port II of tem 1B.) Its designated agent, priar PRIMARY SE OF CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month Day, Year 20d INJRY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) Not While factory, street office b dg etc.) 8-41966 of work of work destatown- Trederich 21 I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinian death resulted from-Natural causes , Accident , Suicide ... the funeral directar Hamicide 🗌 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** 8-5-66 B.O. Thomas, M.D. NAME (Type) Address (Street, atv. town, or county) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 500 7. 1966 Bethel Presbyterian Cem. Augusta County, Virginia 25b. REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR

VR A15ME (5) 6M 1/66

Frederick, Maryland DATE AUG 9 1966 Policyles Judge



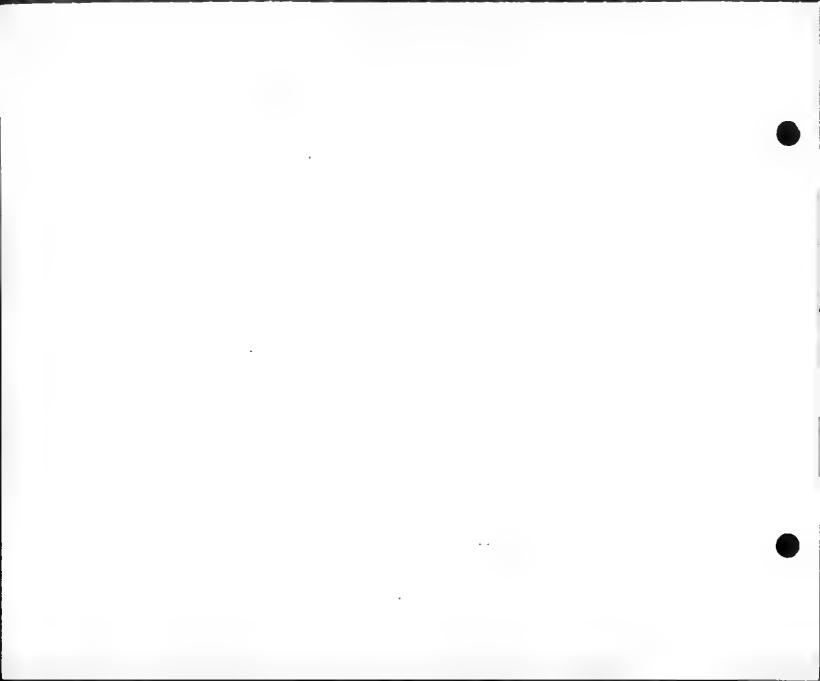
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 hours ofter death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) I. PLACE OF DEATH n COLINTY a. STATE Frederick Marvland Frederick MARYLAND completely filled in by the fur nove carbon papers Pages 1 by event, within 72 hours ofter c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) b CITY OR TOWN (If outside corporate limits. write RURAL and give negrest town) Lantz Rural Rural Lantz e. IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Lantz R. D. NO TX YES 🗍 Middle 3. NAME OF First Last 4. DATE Month Day Year DECEASED OF. William Patterson (Type or print) Ralph DEATH AGE (In years IF UNDER 1 YEAR S. SEX B. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED X (ast birthday) Hours Male White DIVORCED Aug. 13. WIDOWED physicion and c 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT IDo .ISUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? during most af warking life, even if retired) Adams Co. Penda. Labor Farm 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ottending phy permit. Then burial, cremation, or removal Charles Patterson Laura 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, na, arunknawn) (If yes give war ar dates of service) 217-28-5193 Lantz R. D. 1. Md Mr. Har v Davis IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital or attending physician. DUE TO Canditians, if ony, which gave rise to immediate cause (o). DUE TO stating the underlying cause prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health p CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of Item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) at work at wark 21. I certify that (1) (this hospital) attended the deceased fram... be retained saw the deceased alive on 29 19 Le. and that death occurred of\_ M, from causes and on the date stated abave. 22a. SIGNATURE MD. DIRECTOR 22c. PHYSICIAN'S director, po should be f NAME (Type) 23a. BURIAL CREMAT ON. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Md. Lantz Frederick Bethel 2Sq REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 1966 DATE Waynesboro, Pen.a.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11393 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, finist tution Residence before odmission) PLACE OF DEATH , 2, and Page o. COUNTY o. STATE **b** COUNTY Frederick MARYLAND Maryland Frederick c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give negrest town) after Mt. Airy d NAME OF HOSP TAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS e .S RESIDENCE ON A FARM? 'd "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office along with farm haurs Route #1 Rt. #1 YES NO ate 24 haurs after death, 3 NAME OF Middle First Lost 4 DATE Month DECEASED ۵ OF HARRY (Type or print) CLAYTON PEDDICORD DEATH 66 with S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BRITE AGE ( n veors IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Doys Hours WIDOWED DIVORCED X Male White event 1-4-96 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working te, even if retured) COUNTRY? any 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within = 먎 and 17 INFORMANT 16. SOC AL SECURITY NO ar remaval, (Yes, no, or unknown). (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o). crematian, DUE TO farwarded ta the Conditions, if only, which gove rise to immediate cause (a), writing the DUF TO stoting the underlying couse burial, a PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 WAS AUTOPS PERFORMED? piease execute the certificate, YES 😿 its designated agent, prior ta NO F 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 181 PRIMARY I or CONTRIBUTING I 4 shauld CAUSE OF DEATH 20c TIME OF N. JRY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF NJURY (Home, form (City or town) (County) (Stote) Hour o.m. While Not While foctory, street office bldg etc.) may be retained far your FUNERAL DIRECTOR: Page of work of work 21. I certify that I taak charge of the remains described above, held an Autapsy (XX) Inspection | Inquiry and in my apintan the funeral director. Natural causes X death resulted from Accident Suicide 1 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X **SIGNATURE** TO FUNE.
Health or it DEPUTY MEDICAL EXAMINER **EXAMINER'S** 8-20-66 Rudiger BREITENECKER. NAME (Type) Address (Street, city, town, or county) M.D. 230 BURIAL CREMATION. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (S) Murele 6M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11392

HEALTH

TO DEPUTY MEDICAL EXAMINER:

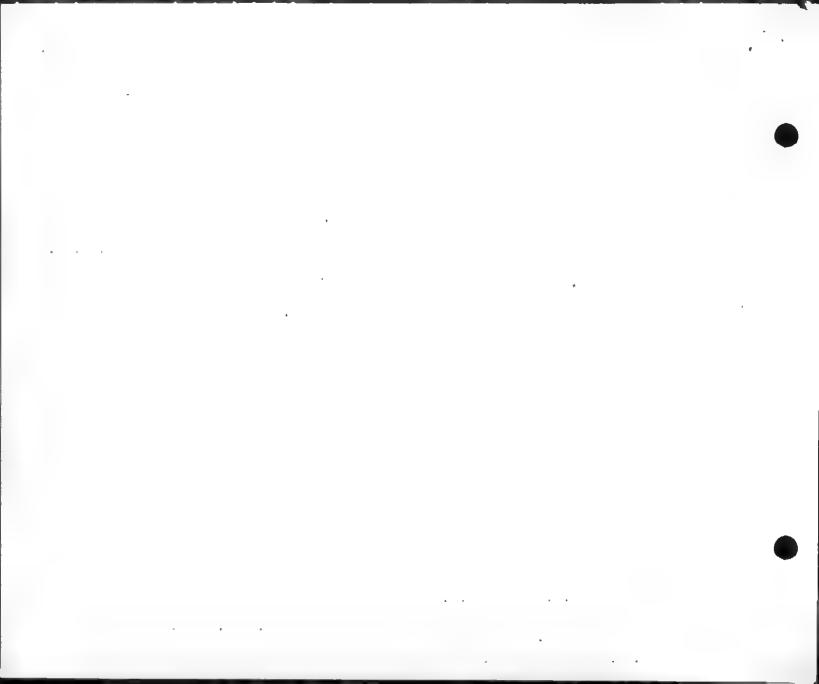
This certificate should be executed with a 24 hours ofter death. If

delay is

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11266

FOR STATE	L	1139%	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	11386
EALTH DEPT?	/[1	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceosed I ved, f	institution. Residence before odmission)
of ge to		o. COUNTY Frederick	MARYLAND	Maryland	Frederick
y delay is and 3 to PM3. Page ortment of fter death		b CITY OR TOWN (If outside corporate imits	c LENGTH OF STAY N 1b	c CITY OR TOWN (If outside corporate imits, w	rite RuRAL and give nearest town)
2, and PM3. I portmen		write RURAL and give nearest town) Rural— Hyattstown	Minutes	Rural - Frederick	1 - 1
50 00		d NAME OF HOSPITAL OR INSTITUTION (IF no	it in hospito, give street oddress)	d STREET ADDRESS	e IS RESIDENCE
offer death 1f any delay is 8. Give Poges 1, 2, and 3 to clong with form PM3. Page with the State Deportment of within 72 hours after death	#	Frederick Memorial H	ospital	Route # 6	ON A FARM?  YES NO TO
ter death I Give Pages ang with foi th the State	-	NAME OF Fir		Lost 4 DATE	Month Doy Year
we pwill the the 17		(Type or pnnt) MARY	MARGARET	RAMEY DEATH AU	gust 4 19 66
8. Give olong voith the with the within	5	SEX 6 COLOR OR RACE		8 DATE OF BIRTH 9 AGE (In )	veors IF UNDER 1 YEAR   F UNDER 24 HRS
W - W - W		Female White	WIDOWED D VORCED N	ov.5, 1920 15 birth	doy) Months Doys Hours Min
Office Control	1	Do USUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11 8 RTHPLACE (State or foreign country)	12 CITIZEN OF WHAT
Z = ≥	٥	uring most of working life, even if retired) <b>Housewife</b>	INDUSTRY	Detroit, Michigan	COUNTRY?
ncil r niner niner page	1	3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
with no pencil Examiner Examiner File page and in oil		Firmin C. Ureel		Mary Margaret DeTaver	nier
<del>0</del> =		S WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECUR TY NO 17	INFORMANT	Address
executed anding" in Medical I t permit. I emovol o		Yes, no, or unknown) (If yes give wor or dates o	369 18 5732 An	thony J. Ureel, Emmett,	Michigan
e execute pending" ef Medical isst permit, r removol		1B. CAUSE OF DEATH (Enter only one tou: PART I DEATH WAS CAUSED BY-	se per line for (o), (b) and (c)	0 1 -01 = P	NTERVAL BETWEEN ONSET AND DEATH
d be e d 'pe Chief transit		IMMEDIATE CAUSE	(0) Fractured Stull,	Crushed Chest, Lac	Charles Olises And Death
should be e ne word 'per o the Chief I buriot-transit mation, or re		164 <del>DUE</del>	1dea to O.	ity, Inc. Liver, Co	/
sho e w o th o th noti		res to immediate couse (a)		ura, the tweet of	usna
ate should g the word ed to the C o buriol-tr		stoting the underlying couse	N. l. s	,	
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U = 3-0 /	2	SAKI II OLMEK ZIGNILICANI COMPLIONZ CO	CHIKIBUTING TO DEATH BUT NOT KETATED TO	THE TERMINAL DISEASE CONDITION GIVEN N PART	PEREORMED?
मुद्रोह के बहु <i>,</i>	- 3	200 EXTERNAL CAUSE WAS	30P DESCRIBE HOM INTROV UCCURRED	(Enter nature of injury in Part I or Part 1 of item	YES NO
<u> </u>	)	PRIMARY Dor CONTRIBUTING CAUSE OF DEATH	Healon, two		16)
NER NER Should should s			1	CE OF INJURY (Home, form,   20f (City or to	(County) (Stote)
AM e 4 our our age	MEDICAL	X > >0 DIM.	66 While Not While D	pry, street, office bldg, etc)	
AL EXA execute ir. Page if far you for: Page noted a		21. I certify that I taok charge	of the remains described above, he	eld an Autopsy 📆 Inspection 🔲,	Inquiry, and in my opinion
EDICAL EX ose execut rector. Pog ained far y IRECTOR: P designoted	н	death resulted from: Natura	l causes 🔲, 🛮 Accident 🔀, 🔻 Suic	ide 🔲, Hamicide 🔲, Undetermir	ned manner 🔲
MEDT please I direct retaine DIREC		ACTUAL DO 1		CHIEF MEDICAL EXAMINER	22. DATE SIGNED
F F F F F F F F F F F F F F F F F F F		SIGNATURE SIGNATURE	omas_	M.D ASSISTANT MEDICAL EXAMINER	
O DEPUTY MEDICAL E necessary, please exect the funeral director. Po 5 may be retained far 0 FUNERAL DIRECTOR: Health or its designate		EXAMINER'S NAME (Type) B.O. Thoma	- M D	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	8-5-66
TO DEPL necesso the fun 5 may 10 FUNE Health	=	NAME (Type) B.O. Thomas 30 BUR AL, CREMATION, 23b DATE THE			y or Town) (County) (State)
10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0	1	Burial (Specify)			, Virginia
	-	24 FUNERAL DIRECTOR HOLE		2So. REC'D BY REGISTRAR	2Sb REGISTRAR S SIGNATURE
VR A15ME (5) 6M 1/66			on, Frederick, Maryl	Alle a vale	



20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



- 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# 12 H	11394 CERTIFICATE OF DEATH 11388
er death	1. PLACE OF DEATH a. COUNTY Frederick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Frederick
nours after in by the s. Pages hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick  c. LENGTH OF STAY IN 1b rederick
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  Frederick Memorial Hospital  ON A FARM?
	3. NAME DF DECEASED (Type or print) LOIS HILL REMSBERG   4. DATE   Month   Day   Year   DF   DF   August   18.   19   66
executed within and completely femaye cabon fany went, with	5. SEX   6. COLOR OR RACE   7. MARRIED     8. DATE OF BIRTH   1923   9. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 HRS.   Female   White   WURDOWER   7. MARRIED     19   19   19   19   19   19   19
s be existed as sicial as selease release rele	Da. USUAL OCCUPATION (Cive kind of workdone) and believe the state of
ohys	13. FATHER'S NAME  Kinchen L&onard Hill  Jessie Wallace
ath certific attending i grmit. Then n, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 220-30-9266 Dr. A. Royal Remsberg, Jr. Frederick, Md.
PITAL OR ATTENDING PHYSICIAN: The faw requires that the 4 may be retained by the hospital or attending physician. ERAL DIRECTOR: After this certificate has been signed by the 0, page 3 should be detached for use as the burial-transit ibe filed with the State Dept. of Health prior to burial, cremain.	18. CAUSE OF DEATH [Enter only one cause oper line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO (b) DUE TO (c) DUE TO (c) DUE TO (d) DUE TO (E) DUE TO
TO HOS Page TO FUN direct should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Buria 2  23d. LOCATION (City, town or county) (State) Frederick, Maryland ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 20M 1/65	Robert E. Dailey & Son Frederick, Maryland DATE AUG 23 1966 galley Judge

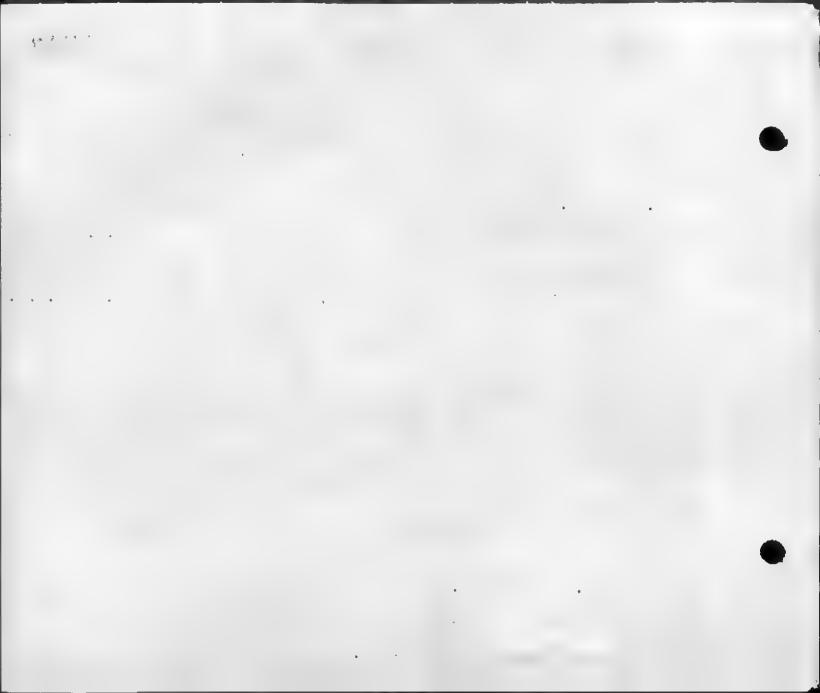


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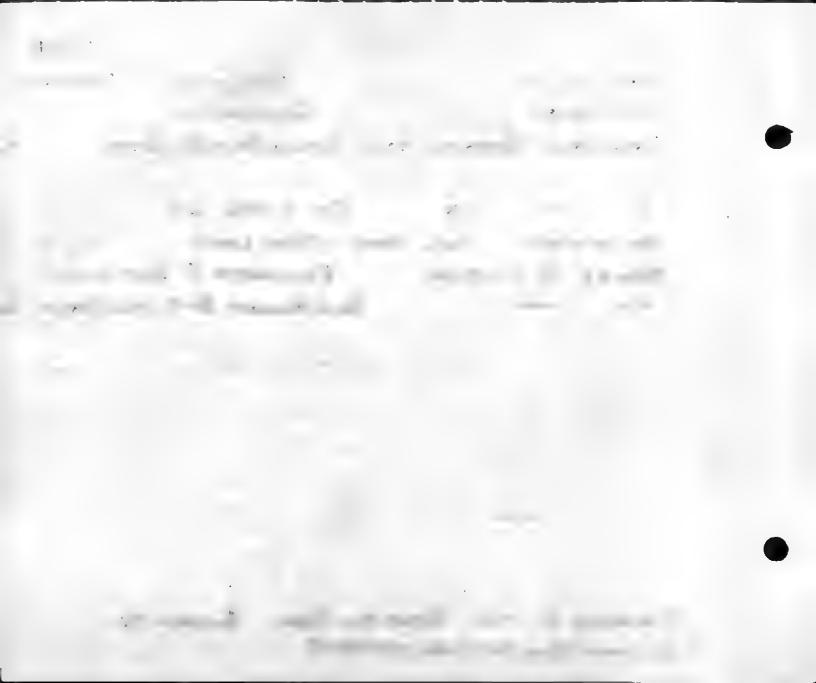
#### MARYLAND STATE DEPARTMENT OF HEAL'

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTIC	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
11395	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE  CERTIFICATE OF DEATH  1 tem 2 Film 6379 8/12/66 mh	11389
	Item 2 Film G379 8/15/66 mh	

1,00		tem 2 Film G3	79-0/15/66	mh-		
a. COUNTY FT	derick		2. USUAL RESIDEN	y land	b. COUNTY I'I	derick store adm ssion
		MARYLAN				
	if outside corporate limits,	c. LENGTH OF STAY IN		(If outside corporata	limits, write RURAL and	give nearest town)
	ddletown		MYddxex	town Bru	nswick	1-,
Valley	View Nursing	Hospital, g ve street address)	Restadoress 523 west	/ of/ Nyng 3_st.	ing/Home	6. IS RESIDENC ON A FARM YES NO E
NAME OF DECEASED (Type or print)	GRACE 's'	ESTEĽĽĖ	RISER Last	4. DATE OF DEATH	Month	8ay Year 66 19
FI .	6 COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	8/28/1889	9. AG	birthday) Months D	YEAR IF UNDER 24 HRS. Days Hours Min.
e. JSUAL OCCUPAT	ION (Give kind of work   10 Pking life, even if retired)	b, KIND OF BUSINESS OR INDU	STRY 11. B RTHPLACE (Cou	nty & State, or fore	an country) 13-CITE	ZEN OF WHAT COUNTRY
Elias	Joseph Athey		Eve line	Lowery	data, ray,	
as, no, or unkown)	(ER IN U.S. ARMED FORCES?    fyes give war or dates of service	16. SOCIAL SECURITY NO. 11	John R. Ris	er,773I	Nînëtz Dr	. Wash.D.
18. CAUSE OF D	EATH (Enter only one cause )	per line for (a), (b), and (c).	Ab			INTERVAL BETWEEN ,
	H WAS CAUSED BY:	Cute casus	ory Occlus	11 000		ONISET AND DEATH
	IMMEDIATE CAUSE (a)	our a co-com	org - Cara	NON.		The same
	DUE TO		()			
Conditions, if any	1-2		-			-
(a), stating the u	DUE TO	1: du . c	las me			
cause last.	) (c) C	Ultres a	LOT DE PART	NIA DISEASE CO.	DITION CIUE LAND CO	1-1 10 14/4 C 4/17/C 10
PART II. OTHE	R SIGNIF CANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT KECATED TO THE TERMI	NAL DISEASE CON	SHION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING	AS UNDERLYING   20%   CAUSE OF DEATH   MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RED, (Enter nature of injury in	Part I or Part II of it	em 18.)	
20c. TIME OF INJU Hour a.m. p.m.	W	0d. INJURY OCCURRED   200. /hile Not While work at work	PLACE OF INJURY (Home, farr factory, street, office bldg., etc		own) (Coun	ty) {State)
21. I certify	that (I) (this hospital) at	tended the deceased fro	m Upr 19	1966, to Cl	/ '	(c, that (l) (we) la
	sed alive on July	1 7 9. 19 (C.La, and t	hat death occured at /	5-9M, from the		
22s. SIGNATURE	2067	r Harb	ATTENDING	MED 5	TAFF HYS. $\square$	Dug 8 (a)
22c. PHYSICIAN'S NAME (Type			22d. ADDRESS	ldletou	en.	md
REMOVAL (PENAT		Mt. Hebror	ry or crematory	23% inche	Stellyn or county	lrgini(a"··)
NUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	3 5 3	C'D BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE
Fulle tre	werel Xsino.	Brunswick,	Md. DATE	AUG 10 1	966 Pelia	rles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2-death. hours after death PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. CDUNTY ve carbon papers. Pages 1 event, within 72 hours after -REDERICK MARYLAND b. CITY DR TOWN (If outside corporate limits, c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) DERICK E DERI CK and completely filled in remove carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? TEMORIAL 050 0 No Z Math certificate le elecuted withlin NAME OF Middle DATE Month Day Year DECEASED OF DEATH (Type or print) 196 SEX AGE (In years IFUNDER 1 YEAR last birthday) Months i Days DATE OF BIRTH IF UNDER 24 HRS 9. **NEVER MARRIED** Months Hours any WIDOWED X DIVORCED and in 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) the attending physician t permit. Then please COUNTRY? during most of working life, even if retired) A. USE WIFE MOME or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME EN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address TO FUNERAL DIRECTOR: After this certificate has been signed by the attened director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r 17. (Yes, no, or ankown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN FRYSILIAM. The law regulres that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED?, YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work OR ATTENDING Py t While p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from 19. and that death occurred at A. M. from the causes and on the date stated above. saw the deceased alive on Cou-22a, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR Page 4 may b ADDRESS PHYSICIAN'S 22c. 22d. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. (State) REMOVAL (Specify) REC'D BY REGISTRAN ADDRESS **FUNERAL DIRECTOR** 25b. REGISTRAR'S SIGNATURE 24. 130 WIS. AVE. NW. WASH. VR A15 (4) 15M 4-64



		11397	,		CERTI	FICATE	OF DEATH			1	1391
de d		PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased in	ved, if institution	on Residence be	fare admission)
nin 24 hours after death.  filled in by the funeral t papers Pages I apd 3 thin 72 hours after death		o. COUNTY Fr	rederick		MAS	YLAND	o. STATE	yland	P. COAN.	Frede	rick
the the ages s aft		CITY OR TOWN (If	outside carparate limits,		c LENGTH OF STAY	IN 1b	c CITY OR TOWN (If	outside corporate lis	nits, write RUR	AL and give neo	rest town)
by the Page ours		write RURA, and	ederick		26 days		Rur	al- Frede	rick		_ 4
8 E 25		NAME OF HOSPITAL	OR INSTITUTION (If nat				d STREET ADDRESS				e. IS RESIDENCE ON A FARM?
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ilfhir Martin v	3	NAME OF	First		Middle		Last	4 DATE	Manth	_	ay Year
» a a		DECEASED (Type or pnnt)	Ava	a	liyrtle		Sanner	OF DEATH	Augus		
comple to to to	S			7 MARRIED	NEVER MARRIE		DATE OF BIRTH		E (In years t_bythday)	Months Days	
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in Ordinary	1Da	USUAL OCCUPATION (	Give kind of work dane		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (Coun			12. CITIZEN COUNTRY	77
icate by ysician please II, and i		ng mostof working lit Homema	ker		Own Ho	me	Frederic		,		U.S.A.
al,	13.	FATHER'S NAME					14. MOTHER'S MAIDEN				
certif			Steiner Rar					Jeannette			
e death cer attending p permit. The ion, or remo	IS. (Ye	WAS DECEASED EVER s. no. ar unknawn) [(1	IN U.S ARMED FORCES? f yes give war or dates of s	ervice)	SOCIAL SECURITY NO.	17 1	NFORMANT		Addres	SS	
attendi permit. Ion, or r	L	No		- 21	<u>5-36-6667</u>	Mr	• Emmons C	. Sanner-	Route	6-Fred	erick-Md.
that the death certificate be ian. by the attending physician or transit permit. Then please recembation, or removal, and in		18. CAUSE OF DEA	TH (Enter only one cause WAS CAUSED BY:	per line far	(a), (b), and (c) )	Pa	30				NTERVAL BETWEEN ONSET AND DEATH
that than the by the ransit			IMMEDIATE CAUSE (o	رو	reliral	NU	marrh	00		12	ne
es t sicial sicial sid b sid b sid-tr		4221	DUE TO	07	Ta.: 0	.11	T. Ca. 1;	2 11 14 14	.00	12	?
equires physic signed burial- burial,		Conditions, if any, v rise to immediate	rouse (a)	<u>wu</u>	wu -	Wille	ne local	0-com	were c	100	
ng F		stating the underly									
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AN: The law ratending of or attending icate has been for use as the Health prior to	⊚	PAKT II OTHER SIGI	MIFICANT CONDITIONS CON	II KIBUTING 1	O DEATH BUT NOT KE	LAIED IO I	HE TERMINAL DISEASE C	ONDITION GIVEN IN	PAKI I(d)		9. WAS AUTOPSY PERFORMED?
are are	CERTIFICATIO	20o. ACCIDENT WAS U	INDEDIVING T	206 DE	COURT HOW INTIDOY	ACCHIODED /	Enter nature of injury in	Dort Lee Dort II e	Citom 10 \		YES NO 🔀
S PHYSICIAN the hospital this certifica detached for e Dept. of He		OR CONTRIBUTING	CAUSE OF DEATH	200 DE	SCRIDE HOW INJURY C	ACCONKED. (	ciner indidite or injury ii	ron i ur ran n			
PHYSI ie hosp his cer stache Dept.	ਤ   	(IF EITHER, NOTIFY M	Y Month, Day, Year	20d III	IJURY OCCURRED	2Da PLAC	E OF INJURY (Home, for	rm, 1 20f (Cil	y or town)	(County)	(State)
this the De	MEDICAL	Haur a.m.		While	Nat While		ry, street, office bldg., et		7 01 1011117	(000111))	(alore)
DING by t Witer Witer State	-	p.m.	that (I) (this haspi	* at wark		Fram 2	Beila.	10/06 to 1	2301	10/10/1	that (i) (we) last
END ed led l				عنه 7	P 1965	and that	death occurred o	17:20AM	om couses d	nd on the di	ate stated above
R ATTI retain RECTOR 3 shou with t		22a. SUBNATURE	A		3/	1				22b. DATE SIG	
OR ATTENI be retained DIRECTOR: A le 3 should ed with the		Cle	arle 1/	Un	Mey.	Y MIC	ATTENDING PHYS.	MED. DIRECTOR	PHYS.		
		22c. PHYSICIAN'S			11()		22d. ADDRESS				
SPITAL OR 4 may be o VERAL DIRE for, page 3 ild be filed v		NAME (Type)	Charles H.	Conl	ey-Jr.		Prof. Blo	ig Fred	erick,	Md. 21	701
TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fi	230	B JRIAL, CREMATION			23c NAME OF CEM				N (City or Tow	,	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REMOVAL (Specify) Burial	Aug. 25	-1966	Mt. Olive	et Cer				Md. 2170	
VR A15 (4)	24	FUNERAL DIRECTOR	min Etwo	cx 7	ADDRESS 7	hita		D BY REGISTRAR		SISTRAR'S SIGNAT	
20 M 1/60		M.n.c.C	hison & Sor	1	Frederick	Ma	ZI (UI DATE	AUG 25	1966	Milary	lo judge



MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dataesed lived, If institution: Residence before a. COUNTY Frederick b. COUNTY Maryland certificate be executed within 24 hours Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 davs Route # 2 Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Frederick Memorial Hospital Route # Frederick YES NO TE 3. NAME OF Lest DATE DECEASED AUGUST 17. 19 66 SANTEN BERT (Type or print) carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR last birthday) Months Dave IF UNDER 24 HRS. Male White January 3, 1910 WIDOWED [ DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Sheetmetal Worker St. Louis. Mo. U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Kate Williams Tree Santen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) (Ifyasgiva war or dates of sarvica) 110-07-4622 Mrs. Kay Santen Route # 2 Frederick, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) espiratory Arrest cremation, burial-transit & CEREBRAL METASTASIS **DUE TO** Conditions, if any, which gave rise to immediate cause (a), stating the underlying ADENOCARCINOMA-RECTUM PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DIRECTOR: After this certificate CERTIFICATION **% 오** PERFORMED? prior □ NO XX detached for use 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH of Health 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, ) 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Hour a.m. Not While at work at work p.m. Dept. 21. I certify that (i) (this hospital) attended the deceased from... plnous 1966, and that death occurred at 038M, from the causes and on the date stated above. State | the deceased alive on..... may 224 SIGNATURE 22b. DATE Aug. 17, 1966 SIGNED page 3 s with the ATTENDING death. Page 4
TO FUNERAL L
diector, per PHYS. DIRECTOR M.D. 224 PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. John H. Teske M.D. 700 Montclaire Frederick. Maryland 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Mount Olivet Cemetery Frederick, Maryland 8-19-1966-Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAB'S SIGNATURI Charles VR A15 (41) Frederick. Maryland

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FOR STATE

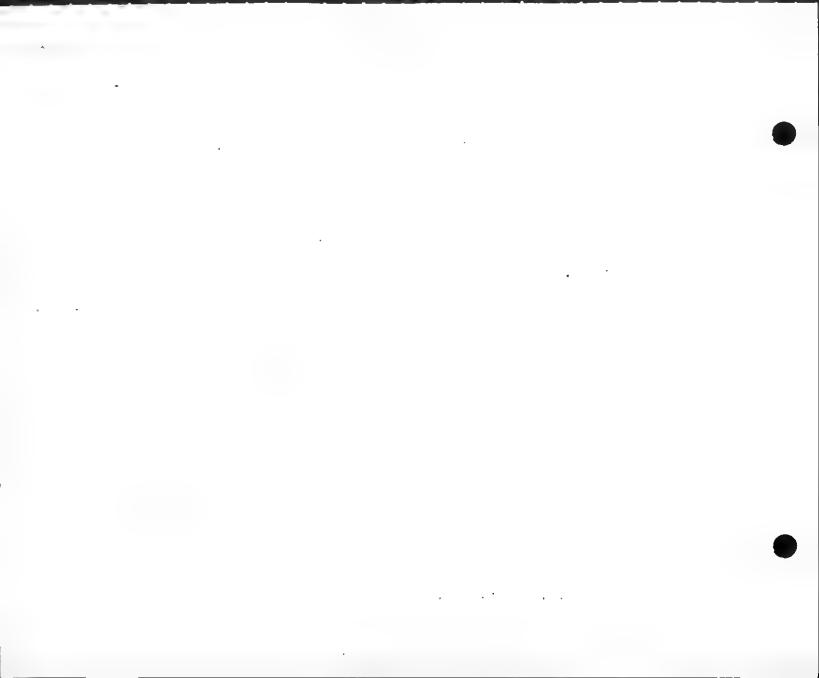
HEALTH DEPT

delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examinars Office along with farm PM3. Page **O FUNERAL DIRECTOR:** Page 3 shauld be used as a burial-transit permit. File pages, I and 2 with the State Department af Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. This certificate shauld be executed within 24 haurs after death. If TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File TO DEPUTY MEDICAL EXAMINER: 5 may be retained far yaur files.

VR A15ME (5) 6M 1/66

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	11393 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	11393				
1	PLACE OF DEATH o. COUNTY Frederick MARYLAND	2 USUAL RESIDENCE (Where deceosed ved, if institution Reside to STATE Maryland b COUNTY Fr	ence before admission)				
	b CTY OR TOWN (If outside corporate I mits, write RURAL and give nearest town)	CITY OR TOWN (If outside comporate limits, write RURAL and gi	ve nearest town)				
	d NAME OF HOSPITAL OR INSTITUTION UL not in hospital dive street oddress) Frederick Hemorial Hospital	d STREET ADDRESS Terrace Avenue	e IS RESIDENCE ON A FARM? YES NO X				
	(Type or print) Sc	HOEETELD 4 DATE OF DEATH	3°y Ye66				
	SEX M 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH 62 9 AGE (In years FUNDER Months	Doys Hours Min.				
dur	o USUAL OCCUPATION (Give kind of work done in growth in growth right in growth in grow		OUNTRY 2 A.				
13.	Ronald W. Schoefield	14. MOTHER'S MALDEN NAME Doreen Jane Richley					
1S. (Y)	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO LES no, or Johnson (If yes give wor or dates of service)	oreen Schoemfield Brunsw:	ick, Md.				
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COLUMN CONTROL OF COLUMN COLUMN CONTROL OF COLUMN CONTROL OF COLUMN CONTROL OF COLUMN COLUM	time Heart Failure	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if only, which gove (b) Cardiae	Contusion					
	storing the underlying couse (c) Impact w	ion Rib Cage					
CERT FICATION	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19 WAS ALTOPSY PERFORMED? YES NO				
	CAUSE OF DEATH RIBUTING Derve toy weh	of letter notice of injury in Port I or Part II of item 18)	ul auto.				
MEDICAL	29c TIME OF INJURY Month, Doy, Year 29d INJURY OCCURRED 20e F While Not While 1 of work 1 of wor	CACE OF INJURY (Home, form, octory, street, office bldg, etc.)	unity) (Stote)				
21   certify that I taak charge of the remains described above, held an Autopsy   , Inspection   , Inquiry   , and in death resulted from Natural causes   , Accident   Suicide   , Hamicide   , Undetermined manner							
	ACTUAL SIGNATURE BUSHOMAS	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED				
	EXAMINER'S NAME (Type) B.O. Thomas, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	8-4-66				
	7 - 9 - 66	Cemetery Michigan City,	Indiana (Stote)				
24	Teste Tuneral Name - Phenouse	ADATE AUG 10 1966 FEB 18 1966	signature Judge				



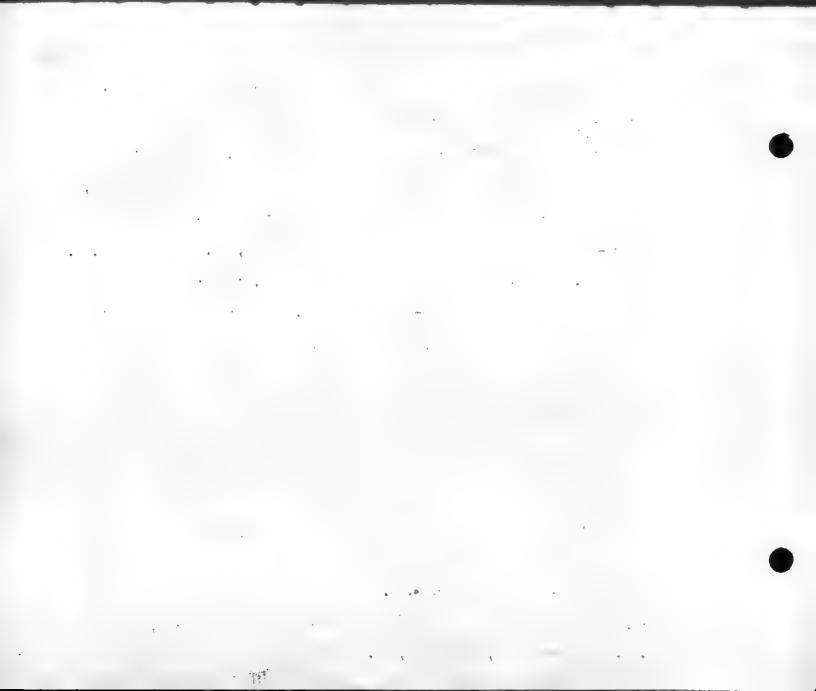
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be executed within 24 hours after death, Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11400 CERTIFICATE OF DEATH 11394

1.	PLACE OF DEATH	1			2. USUAL RESIDEN	CE (Where deceases		: Residence before admission)
1	a. COUNTY	derick		MARYLAND	a. STATE Mar	yland	b. COUNTY FI	ederick
	b. CITY OR TOW	N (if outside corpora and give nearest tov	te limits,	C. LENGTH OF STAY IN 15	c. CITY OR TOWN (II	outside corporat	ie ilmits, write RUR	AL and give nearest town)
	Frederic	k	-	Years	Frederi	ck		16-1
				spital, give street address	d. STREET ADDRESS			e. IS RESIDENCE
		k Memorial	Hespita	a.1	11 East	Patrick	Street	YES NO
3.	NAME OF DECEASED		irst	Middle	Last	4. DATE	Month	Day Year
	(Type or print)		RY	BUSSARD	SCHROEDER	DEATH	August	8, 1966
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years   IF UNDE t birthday)   Months	R 1 YEAR IF UNDER 24 HRS.
	Female	White	WIDOWED [		1 June 1900	66	yrs.	
10a dui	. USUAL OCCUPAT	ION (Give kind of work ng life, even if retire	done 10b. Kil	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (C	ounty & State, or fo	reign country)   12.	CITIZEN OF WHAT COUNTRY?
	House-W	ife	,		Frederic	k, Mel.		U. S.
13	. FATHER'S NAM	Ē			14. MOTHER'S MAIL	DEN NAME	-	
	- 4	H. Bussard			Susan C.	Angel1		
15 (Y	. WAS DECEASED E	VER IN U.S. ARMED FO	of service)		INFORMANT		Address	
	Ne		21:	5-36-6120 R	alph E. Schr	eeder (S:	ame as ite	m #2)
	18. CAUSE OF	DEATH EEnter only on	ie cause per lin	ne for (a), (b), and (c).]	. / / -			INTERVAL BETWEEN
		ATH WAS CAUSED BY IMMEDIATE CAUSE		marstine 1	cleart I	colune		ONSET AND DEATH
	447	DUE	,				1	,
	Conditions, If		(b) (c)	1 . A crease	Cardin	Ita - cul-	as Luces	
	gave rise to cause (a), st		1					
	underlying caus	arme me	(c)					
ē.	PART II. OTHER'S	IGNIFICANT CONDITION	ONS CONTRIBUT	TING TO DEATH BUT NOT RE	ATED TO THE TERMINAL I	DISEASE CONDITIO	NGIVEN IN PART 1(a	a) 119. WAS AUTOPSY
FICAT								PERFORMED?
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING □ NG □ CAUSE OF DEA TFY MEDICAL EXAMI	TH NER)	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of	f Injury in Part I	or Part II of Item 1	(8.)
A S	20c. TIME OF I	NJURY Month, Day,	Year   20d. IN	JURY OCCURRED   20e, PL	ACE OF INJURY (Home, fa	arm, 20f. (City	or town) (C	ounty) (State)
MEDICAL	Hour a.m		While at work	MOT YYRHE	tory, street, office bldg., e	1C.)		
2				d the deceased from	h = 27 11	96 L. to C	7 70	64, that (I) (we) last
		eased alive on	parameter.		at death occurred at		ne causes and on	the date stated above.
	22a. SIGNATUR		11 4	7	at acath boothed at-			DATE SIGNED
		(1 (1.	The !	Lasse So M		MED.	TAFF B	/9/66
	22c. PHYSICIA			20000	22d. ADDRESS	,	· h	/
	NAME (Ty	pe) A. Aust	in Pears	re, M. D.	1	tredere	el no	
232		ATION, 23b. DATE		23c. NAME OF CEMETER		23d. LOCATI	ON (City, town or c	county) (State)
	Burial	6.4	56	Mount Olive			ick, Mary	
24	. FUNERAL DIRE	51 SHE 172	1. 18 - 15	ADDRESS		C'D BY REGISTRAL	1 1 1 1 1 1 1	
	M. K. Et	cnisen & Se	on, Fred	erick, Mg. 2	1701 DATE A	06 12 1	956 <i>jich</i>	ever Judge

VR A15 (4) 20M 1/65



MEDICAL CERTIFICATION

FUNERAL DIRECTOR

	DIVISION OF STATISTICAL RESE			N STREET, BALTIMORE 1, M	IARYLAND
1	PLACE OF DEATH a. COUNTY rederick	MARYLANO	2. USUAL RESIDENCE a. STATE Mary	E (Where deceased lived, If institution: Ryland b. COUNTYFre	esidence before admission) derick
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give mearest town) hts	c. LENGTH OF STAY IN 1b	c. city or town (if a Brunsv	outside corporate limits, write RURAL Vick	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in t Vindabona Convalescen		d. STREET AOORESS		e. IS RESIGENCE ON A FARM? YES NO
	(1) the of bring)		Last IEPPARD	4. DATE Month OF DEATH	0ay Year 4 19 66
	F •   6. COLOR OR RACE   7. MARRIED   WIOOWED	DIVORCEO _	8. OATE OF BIRTH 8/13/1875	yrs.	Days Hours Min.
dur	Housewile	(INO OF BUSINESS OR NOUSTRY	Jeff. Co.	. West Virginia co	UNTRY?
13.	John Demory		14. MOTHER'S MAIDE	en name Iscilla Virts	
15	-	SOCIAL SECURITY NO.   17.	INFORMANT	536 Rement R	កខ្ល
(Ye	s, no, or unkewn) (If yes give war or dates of service)	78-14-737BAW		pard, Rockville,	Md.
	18. CAUSE OF DEATH [Enter only one cause per   PART I. DEATH WAS CAUSED BY:		4- 2 27	11%	ONSET AND DEATH
	1/200	1 rterioscler	coric Hear.	t Discase	months
	Conditions if any which I				
	gave rise to immediate				
	cause (a), stating the DUE TO underlying cause last. (c)				
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CAT	Generalized arterio	sclerosis			PERFORMEO?
E			RRED. (Enter nature of	injury in Part I or Part II of Item 18.	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING (20b. OR CONTRIBUTING (20b. CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL	20c. TIME OF INJURY Month, Day, Year   20d. I	NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, far	m, 20f. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m. While p.m. 19 at wor	k at work	ry, street, office bldg., etc		
	21. I certify that (I) (this hospital) attend				岛, that (I) 大阪中) last
	saw the deceased alive on Aug 4	19	death occurred at Z	: 30M, from the causes and on th	
	22a SIGNATURE	M.D	. PHYS. D		/66
	226. PHYSICIAN'S NAME (Type) Gilcin F. Le	adors, M.D.	22d. ADDRESS 810 To]	ll House Avo. Fr	Md.
232	BURIAL CREMATION, 230 MATE THE REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or cou	
	REMOTE CONTROL /	Ebenezer Ce	metery	D BY REGISTRAR' 256. REGISTRAR'S	Va.
2,4	FUNERAL DIRECTOR	AOORESS	25a. REC'	'D BY REGISTRAR' 250. REGISTRAR'S	SIGNATURE

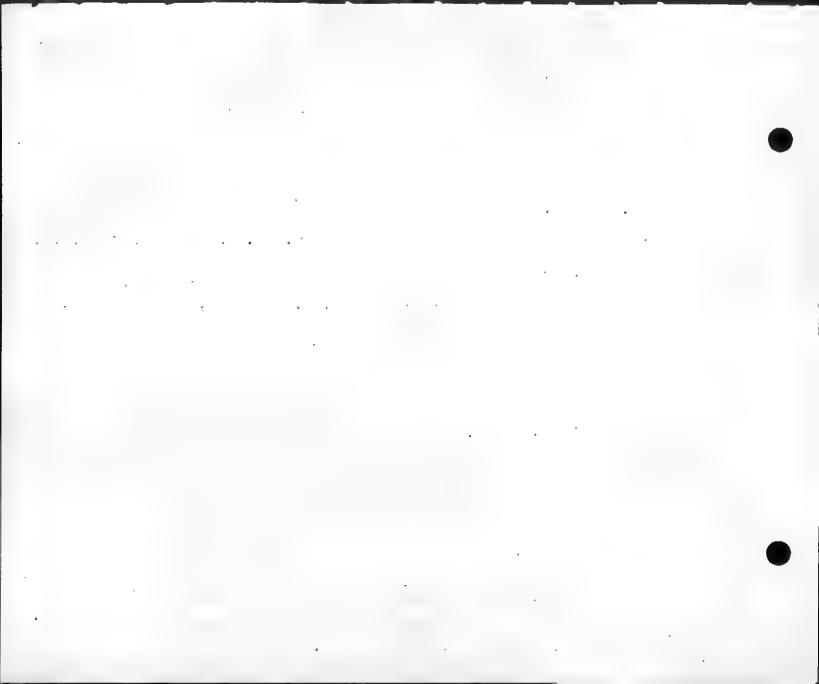
Brunswick, Md.

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VR AI5 (4) 20M 1/65

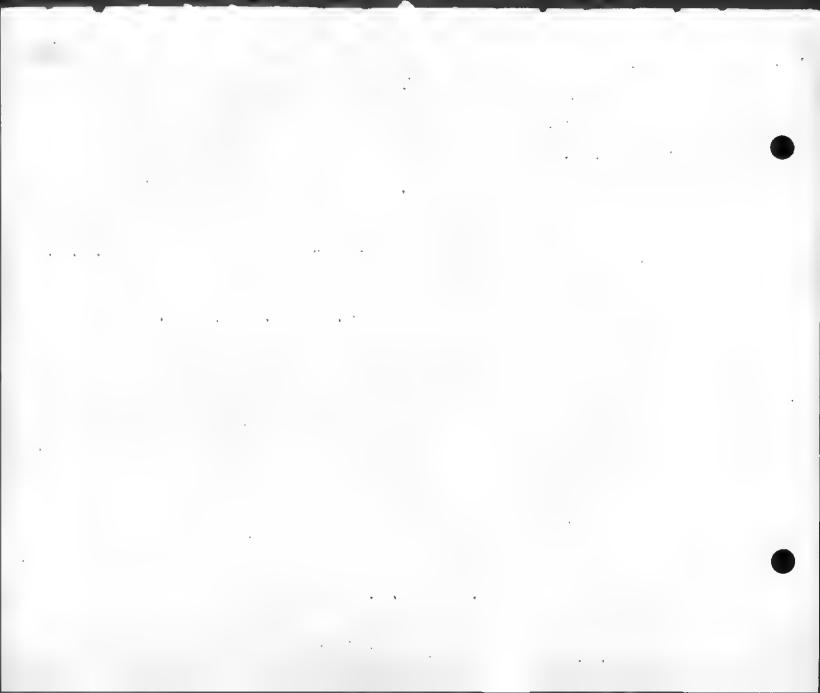


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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1206

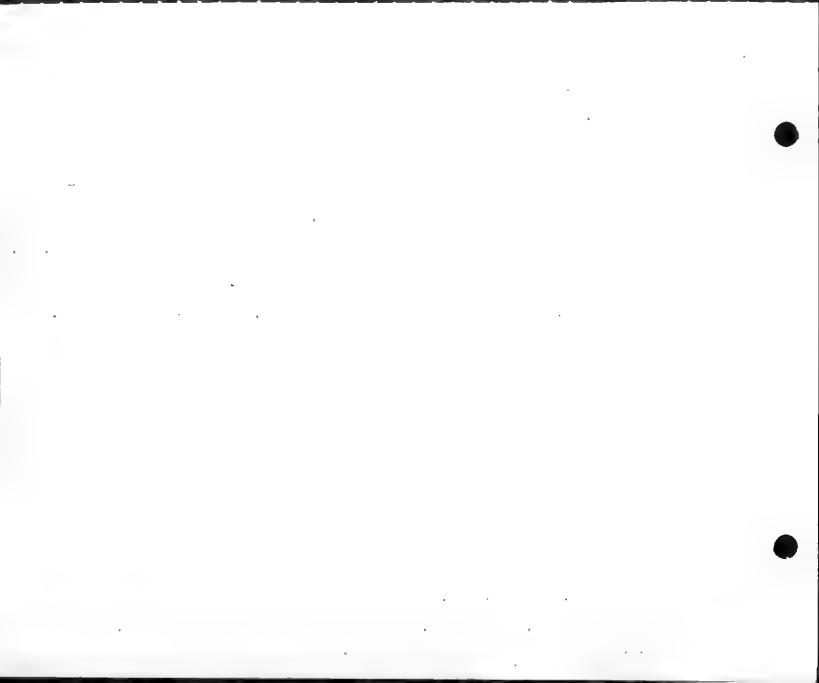
	1140	63		CERTIFICAT	E UF DEATH		11396_
	a. COUNTY				a. STATE	CE (Where deceased lived, If institu b. CDUNTY	ſ
	Fre	ederick		MARYLAND	Maryla	nd F Foutside corporate limits, write i	
	b. CITY OR TOWN write RURAL	VN (if outside corporat and give nearest town	ie limits, knj	c. LENCTH OF STAY IN 1b	1		RURAL and give nearest town)
	Fre	ederick		Years	Freder		
	d. NAME OF HOS	SPITAL OR INSTITUTIO	JN (if not in h	nospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Fairview				4 Fairview		YES NO X
	NAME OF OECEASED		irst	Middle	Last	4. DATE Month	Day Year
-	(Type or print)	Helen	I - Mannier	L.	Shipley 8. DATE OF BIRTH	DEATH August	26, 1966 UNDER 1 YEAR OF UNDER 24 HRS.
				IN THE SER SHAKKIED	_	last birthday) Mo	onths Days Hours Min.
F'e	emale	White   TION (Give kind of work o	MIDOWED 10b K	DIVORCED J	July 28, 1896	6 70 yrs.	12. CITIZEN OF WHAT
duri	Ing most of worki	king life, even if retired	ed)   IA	INDUSTRY			COUNTRY?
	Housewif		<del>                                    </del>	<del>965866888888</del>	Frederick,		U. S. A.
10.							
15,	WAS DECEASED	cles Mullica		SOCIAL SECURITY NO.   17.	Louisa Bi	rust Address	
	es, no, or unkown)	(If yes give war or dates of					
	No CAUSE DE C	OCATU ( Cotor only on	2 22000 001		Emory B. S	Shipley, Sr. (Sa	ame as item #2)
		EATH WAS CAUSED BY:		line for (a), (b), and (c).]	110	1.0	ONSET AND DEATH
		IMMEDIATE CAUSE	(a)	ownery	1/600	art Oisean	ristus
	Forditions If a	DUE 1	TO	y /	T. 111	TOWN	Cida
	Conditions, If a gave rise to	Immediate		seems me,	ver you	su poscon	Syeurs
	cause (a), st	tating the DUE	TO				
3	underlying cause		(c)	TING TO DEATH BUT NOT REL	ATED TO THE TERMINAL C	DISEASE CONDITION CIVEN IN PAR	RT 1(a) 19. WAS AUTDPSY
CERTIFICATION	FARTHER	IGHT IONAL GOLLETT	No Continuo	THO TO DEATH DO INC.	HED TO THE TERMINANES	ISENSE COMPILION DITEMENT TO THE	PERFORMED?
	202 ACCIDENT	WAS UNDERLYING IT	20b.	DESCRIBE HOW INJURY OCC	loosh /Enter nature of	f injury in Part I or Part II of Ite	
CERT	DR CONTRIBUTI	ING CAUSE DE DEAT	TH NER)	reguline non moon, vees	MAED. LEINER HOURS C.	mijury in rate to trace it of the	SIII 10.)
- 1		INJURY Month, Day, Y	1	NURY OCCURRED   20e. PLA	ACE OF INJURY (Home, fai	arm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m	m.	While	Not While facto	ory, street, office bldg., et	(c.)	(6.2.2)
₹ .	P.II		at work		117 ID 1	2 to Ga 2-6	sof / shet (It (wo) lost
		ry that (I) (this hosp ceased alive on		led the deceased from \$\frac{1}{2} \tag{2}	dansh conversed at	958, to dry 26, AM, from the causes and	d on the date stated shove
	22a. SICNATUR		-	A 17mm, and the	L Death occorred at	171, 110111 tile Gauses and	22b. DATE SIGNED
	2	1 5	LS	M.D	D. PHYS.	MED. STAFF A	april 26, 1966
1	22c. PHYSICIA	H'S		CANAL	22d. ADDRESS	THE PROPERTY OF THE PARTY OF TH	- DL 44 CV9 2/VV
	NAME (Ty	pe) Thoma	as E. S	Stone, M. D.	L West Th	ird Street, Fred	derick, Maryland
23a.	BURIAL, CREM	MATION, 23b. DATE T		23c. NAME OF CEMETERY		23d. LOCATION (City, town	
	REMDVAL (Spe Burial	August 2	29. 196	Mount Olivet	Cemetery	Frederick, Jar	vland
24.	. FUNERAL DIRE		uals	WADDRESS FAR	258. REC	C'D BY REGISTRAR   256. REGIS	STRAR'S SIGNATURE
	M.	R. Etchison	n & Sor	Frederick. M	and landate	AUG 31 1966 🎉	Charles Judge

VR A15 (4) 20M 1/65

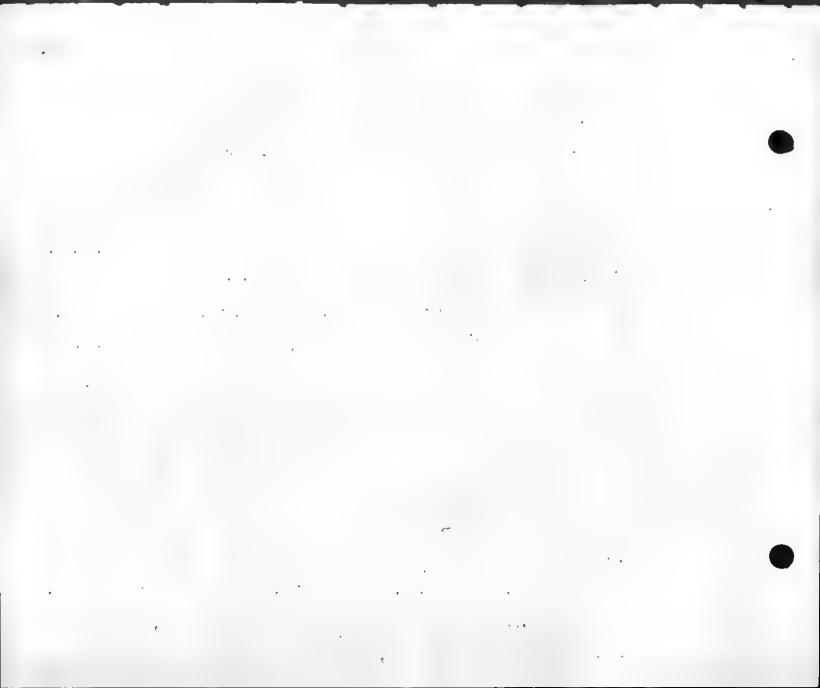


1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYI AND
(M)	11403 CERTIFICATE OF DEATH	11397
24 hours after death. Filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	1. PLACE DF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY	sidence before admission
after the f es 1 after	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (if outside corporate limits, write RURAL	and also nearest town
n 24 hours at filled in by 1 papers. Page hin 72 hours a	write BURAL and give nearest town)  ERFDERICK  4 WEEKS IINIAN FRIDGE	PURAI
24 hou filled in papers. In 72 ho	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	0. IS RESIDENCE ON A FARM?
ly fill thin thin	Frederick memorial Hospital, Inc.	YES NO
completely fill	3. NAME DF First Middle Last 4. DATE Month OF OF DECEASED (Type or print) HELIRY CLIPY SMITH DEATH	Day Year
9 W	53 SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1	LYEAR IF UNDER 24 HRS
in any	. Mall Regrand WIDOWED DIVORCED 4-18-18 70 yrs.	
on, or removal, and in	during most of working life, even if retired) INDUSTRY  (FMENT CO LABORES MARYLAND)	TIZEN OF WHAT
oval,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	7.4.7
E E	WILLIAM SMITH ETTA ROBERTSON  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
n, or	(Yes, no, or unknwn) (If yes give war or dates of service)	
urial, cremation, or r urial, cremation, or r	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
S. C.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	door
a a	conditions, if any, which ) DUE TO (D) Significancy Hast infection	Eirkusor
	gave rise to immediate cause (a), stating the DUE TO	Luknows
01 101 10	underlying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(2)	19. WAS AUTOPSY PERFORMED?
Health	Eller Scherota Curder Viscola disere	YES NO
Dept. of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART 1(a)  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	nty) (State)
	21. I certify that (i) (this hospital attended the deceased from 1965, to 8, from the causes and on the	2, that (I) (We)/las
d wit	22a. SIGNATURE 22b. DA	TE SIGNED
should be filed with the	M.D. PHYS. DIRECTOR PHYS. 1	
'	NAME (Type) DR R J THOMAS FREDERICK	MD
200	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or courselement)	nty) (State) アッション どかん
	24. FUNERAL DIRECTOR ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
Why !	W. D. Hartyler Wendser Md DATE AUG 12 1966 John	les Judge
1/2	1	W -





	1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4	-8 2 -	11405 CERTIFICATE OF DEATH 11399
death,	funeral and 2 r death.	PLACE OF OEATH     COUNTY     STATE     OUNTY  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a COUNTY)  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a COUNTY)  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a COUNTY)  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a COUNTY)  3. COUNTY  3. COUNTY  4. COUNTY  4. COUNTY  4. COUNTY  5. COUNTY  5. COUNTY  5. COUNTY  6. CO
after	ter ter	Frederick MARYLAND Maryland Frederick
	by the f Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
hours	i .	Frederick Years Frederick
	filled papers. in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADORESS  e. IS RESIDE ON A FARI
24 ר	y filled in by papers. Pag thin 72 hours	207 West South Street   207 West South Street   YES   NO
executed within	n and completely t remove carbon p in any event, withi	3. NAME DF First Middle Last 4. OATE Month Day Year OECEASEO
× p	car ent,	(Type or print) ODA MAE STOCKMAN DEATH August 29, 19 66
arte	ove ove	AST OF THE PARTY O
exec	sician and lease remo and in any	TOO OF MESTER IN THE TOO TOO OF MESTER IN THE TOO O
p.e	is and its	during most of working lite, even if retired)   INDUSTRY   COUNTRY?
e e	> 0 L	Housewife   Frederick County, Maryland U. S. A.
ille:	ding ph Then remova	Edward Veirtz Anna C.S.Barger
certificate	ie je	
death	y the attending ph sit permit. Then mation, or removal	(Yes, no, or unkown) (If yes give war or dates of service)
de	tion the	No
the the		PART I. DEATH WAS CAUSED BY: Serility with Agreetingue arterio ONSET AND DEA
requires that	7 0 T	DUE TO selevote lander draws of the
es	physi n sign burial burial	Conditions, If any, which
ig.	ding p been the by or to b	gave rise to immediate cause (a), stating the DUE TO
w re	attendin has be e as th h prior t	underlying cause last. (c)
<u>60</u>	or att	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOP PERFORMED YES NO 203. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
The	20 . 43	₹ YES NO
Ä		20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part   or Part   of Item 18.)
PHYSICIAN:	he hospital this certific etached for Dept. of He	
Æ		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)    County   County
2	by Star	
2	e with the	21. I certify that (I) (this hospital) attended the deceased from Dec., 1953 to 8-27, 1966, that (I) (we)
A	retaine ECTOR: 3 shoul with th	saw the deceased alive on. 1966, and that death occurred at M, from the causes and on the date stated about 22a. SIGNATURE
띪	DIRE Se Se Se de v	M.D. ATTENDING MED. DIRECTOR PHYS. August 30,1966
TAL	4 may ERAL   or, pa	22c. PHYSICIAN'S 22d. ADDRESS
SPI	age 4 may FUNERAL irector, pa hould be fi	NAME (Type) Rex R. Martin, M. D. 220 N. Market Street, Frederick, Md.
ro Hospital	Page 4 ms O FUNERAL director, p should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
2	<b>5 5 8 9</b>	Burial Sept.1, 1966 Mount Olivet Cemetery Frederick, Maryland
	CE I	24. FUNERAL DIRECTOR Workers The ADDRESS Francisco 250. REGISTRAR'S SIGNATURE
	R AI5 (4)	M. R. Etchison & Son, Frederick, Maryland DATE AUG 31 1966 Mcliarles Jusque



MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then piepse remove carbon papers. Pages 18 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE O			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)								
Frederick MARYLAND						a. STATE b. COUNTY Frederick					
b. CITY ( write	OR TOWN (if outsid RURAL and give n	le corporate li learest town)	imits,	C. LENGTH OF STAY I		c. CITY OR TOWN (If	outside corpor	rate limits, writ			
				7 yrs . spital, give street add		Fred	erick			10-	
d, NAME	OF HOSPITAL OR I	NSTITUTION (	if not in hos	spital, give street add	ress)	d. STREET ADDRESS				e. IS R	A FARM?
	South B		Stree			15 South				YES	NOTE
3. NAME OF DECEASE	EO	First		Middle		Last	4. DATE OF	Month		Day Y	Year
(Type or	print) A	UDREY				PSON	DEATH	Augus		1!	9 66
5. SEX	6. COLOR	OR RACE 7.	MARRIETE	NEVER MARRIED		. DATE OF BIRTH	9. A	GE (In years III ast birthday) N	FUNDER 1 Y	YEAR IF UND	
Femal			WIDOWED			7-27-1910	56	yrs.			
10a. USUAL O	CCUPATION (Give kli of working life, eve	nd of work don	e 10b. KIN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Co				ZEN OF WHA	AT
	esti <b>c</b>	al or ruenday	25-15-76	->->->->-		Frederoc	k Co.	Maryla		U.S.	A
13. FATHER	'S NAME					14. MOTHER'S MAID					
C	harles H	lurd				Hattie	Hurd				
15. WAS DEC	EASED EVER IN U.S.	ARMED FORCE	ES?   16. S	OCIAL SECURITY NO.	17.	INFORMANT		Address	ś		
NO.	IKOWA) (11 yes give m	AT OF UNIES OF SCI.		9-05-6516	L	eroy Timps	on-15	S. Ber	tz F:	red	Md :
18. CAI	USE OF DEATH [Ent	ter only one ca	use per lin	ne for (a), (b), and (c).]		//	A		[ ]	INTERVAL B	BETWEEN
PAI	RT I. DEATH WAS C	CAUSED BY:	( )007	mury.	TI	Jum 120	5			ONSET AND	
£4.	201	DUE TO		1 - 0 - 1		0 10		1		5111	4
Conditio	ons, if any, which		A	Externo -	50	Eroses Cl	orman	atterie	20	14	lles
gave ri	ise to Immediate	0/-									
	(a), stating the ing cause last.	(c)									
				ING TO DEATH BUT NO	T RELA	TED TO THE TERMINAL D	DISEASE CONDIT	TON GIVEN IN P	ART 1(a)	19. WAS /	AUTOPSY
ICATI	Mal	igna	100	reperter	NS	con /7	year	0).		YES	NO
PARTII.  20a. ACC OR CON' (IF EITH 20c. TI	CIDENT WAS UNDER TRIBUTING CAUS IER, NOTIFY MEDIC	RLYING   SE OF DEATH AL EXAMINER	20b. DE	SCRUEE HOW INJURY	OCCUI	RRED. (Enter nature of	hijury in Part	l or Part II of	(tem 18.)		
₹ 20c. TI	ME OF INJURY MO	onth, Day, Yea	r   20d. IN	JURY OCCURRED 20e	a. PLAC	CE OF INJURY (Home, fa	rm, 20f. (CI	ty or town)	(Count)	y)	(State)
E H	our a.m.	10	While r	Not While	factor	ry, street, office bldg., et	tc.)				
	p.m.	19			- 1	107.1.19	9. <i>54</i> to_/	144,21	10/16	that //	tool (out
	_	- /1		d the deceased from		death occurred at		Sha hausan a	-, 1916-		(we) last
	the deceased aliv	le on	-1) 1)	ر مامی/۱۹	) that	death occorren ar-	MI, ITOIN	the causes a	22b. DATE		30 Snove*
	15.	0.77	himo	00/1	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	8 2	1/66	
	HYSICIAN'S IAME (Type) B.	O.Thom	nas J	r		22d. ADDRESS Professi	onal E	3ldg. F	reder	rick,	Md.
23a. BURIA		Bb. DATE THE		23c. NAME OF CEMI	ETERY	OR CREMATORY	23d. LOCA	ITION (City, tow	vn or count		(State)
TREMO!	A Pip(Specify)	lug. 24	4-66	St. Paul	S			a-Frede			
24. FUNER	AL DIRECTOR	7.7.7 TO.		ADDRESS	3 -		'D BY REGISTR	RAR 25b. REG			
U	E.HICKS	TII PY	reder	ick, Mary	lar	DATEAU	623 T	966 80	liarle	is Jud	ge
										77 -	/

VR AI5 (4)



## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11408 FOR STATE

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11402

HEALTH DEPL	-	PLACE OF DEATH			Il a DECIDENCE	OMbass darassed lived	f investment in Design	Life Indiana		
500	1	o. COUNTY			2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Washington					
ay is 3 to age	-	b. CITY OR TOWN (If autside corporate limits,	1.	MARYLAND LENGTH OF STAY IN 16		•		-		
PM3. PM3. I	П	write RURAL and give nearest town).  Point of Ro	-7	LENGTH OF STAT IN 10	H	outside corporate limits,				
PM PM sorrt affe	$\vdash$					ess- Route	4	21-2		
form form to Del		d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give	street oddress)	d. STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		e IS RESIDENCE ON A FARM?		
		Rural			"	Ferry- W. V		YES NO		
Par Par With With	3.	NAME OF First		Middle	Lost	4. DATE OF	Month	Doy Year		
ofter deoth 8. Give Page along with f with the Stot within 72 ha	-		chard	Kermit	Woods	DEATH	August	1- 19 66		
office of with with			7. MARRIED 🛣	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In lost birt		YEAR IF UNDER 24 HRS. Doys Hours Min.		
hours Item 18 Office Iond 2 v	-	Male White	WIDOWED _	DIVORCED DIVORCED DE BUSINESS OR	July 23-192		yrs.	7511 05 188112		
	dui	ing most of working life, even if retired)	Steel		11. BIRTHPLACE (Stot	e or toreign country)		ZEN OF WHAT		
Se S	12	Painter FATHER'S NAME	Steel	. 60.	Maryland  14. MOTHER'S MAIDEN	31414		U.S.A.		
로 E 로 / B.E	13.				1					
Ex Ex and and	10	Jesse Lee Woods WAS DECEASED EVER IN U.S. ARMED FORCES?	14 500	AL SECURITY NO. 17.	INFORMANT	Baker	4.14			
		es, no, or unknown) (If yes give wor or dates of s	ervice			015 . 5	Address W. Va			
should be executed word "pending" is on the Chief Medical buriol-transit permit	-	No	- 217	-30-5436 Mr	s. Albenia	O'Bryan-Ro	ute L-Harr			
pen of N		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:	1 10. 7	(b), ong(t <sub>s</sub> ).)	tive bear	+ Da lu		INTERVAL BETWEEN ONSET AND DEATH		
d be d "p Chiel rons		9229 IMMEDIATE CAUSE (o)	<u>Car</u>	i Canges	live bear	of the same	<u>~</u>			
ate should 3 the word of to the Ch o buriol-tre cremation,		Conditions, if ony, which gove )  (b)	(1)	Six a fin	. (Rohl	LANIA				
sh he to 1 bur		rise to immediate couse (a),		Acronico I	1 200					
verificate should writing the word rworded to the CF issed as a buriol-traction, cremation,		stating the underlying couse last.	1	peration	of Cheur	ing lob	acco			
certifica writing orworde used os buriol,		PART H. OTHER SIGNIFICANT CONDITIONS CON		ATH BUT NOT RELATED TO	THE JERMINAL DISEASE CO	INDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY		
3 = 3 4	CERTIFICATION					The state of the s	Max	PERFORMED? YES NO		
ER: This certificate, auld be fores.	IFICA	20o. EXTERNAL CAUSE WAS	20b. DESCRIE	BE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item	18.1			
4E _ P .0	CERT	PRIMARY (Tor CONTRIBUTING (TO CAUSE OF DEATH)			,		1 14-1			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year	2Dd. INJURY	Y OCCURRED T 20e. PLA	CE OF INJURY (Home, for	m, 2Df. (City or t	own) (Coun	ty) (Stote)		
the the shall have th	E G	Hour o.m. p.m. 19	While of work	Not While foc	tory, street, office bldg., etc		,	(5.0.0)		
AL EXA execute ir. Page if for you TOR: Pog		21. I certify that I taak charge			ald an Autaney	Inspection .	Inquiry .	and in my opinion		
IRECTOR: Page designated designated			couses .		ide , Hamicide		ned manner	und in my opinion		
MED.CA please ex I director. retained if L DIRECTO its designe		200		Accident LLE, Son	CHIEF MEDICA		ned muniter			
plectification of the control of the		SIGNATURE SIGNATURE	2222	15-		DICAL EXAMINER		22. DATE SIGNED		
MY, erall be be or i		EXAMINER'S			TATABLE TATABLE	AL EXAMINER 🔀	0	-2-66		
o DEPUTY MEDITAL EXAM necessory, please execute the the funeral director. Page 45 may be retained for your 5 FUNERAL DIRECTOR: Page Health or its designated age		NAME (Type) B.O. Thom				et, city, town, or county)	5 '	4-66		
O DI The the the to the to the	230	BURIAL, CREMATION, 23b. DATE THERE		3c. NAME OF CEMETERY OR		23d. LOCATION (Cit		ounty) (State)		
1		Burial (Specify) August 5	-1966	Mt. Olivet C			ck, Md. 21			
VR A15ME (5)	24	M.R. Etchison & Son	7. 10	ADDRESS Thitm		D BY REGISTRAR	2Sb. REGISTRAR'S SIG	NATURE PERSONAL		

VR A15ME (5) 6M 1/66

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ith the State Deportment of vithin 72 hours after deoth.

pages lond 2

hours after deoth.

# MARYLAND STATE DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH
301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
11413 Division of STATISTICAL RESEARCH AND RECORDS,

11//00 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11	1.140	)										
	PLACE OF DEATH				2.	USUAL RESIDENCE (	Where deceas	ed lived, if institu	rtian: Reside	nce befare ad	mission)	
	a. COUNTY Frederick			MARYLAND		o. STATE Maryland b. COUNTY Frederick						
	b. CITY OR TOWN (	If autside carporate lin	nits,	c, LENGTH OF STAY IN 16		c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)						
	write RURAL and give nearest town) Rural - Middletown					Rural- Knoxville					- 1	
	d. NAME OF HOSPIT	AL OR INSTITUTION (IF	nat in haspital, g	ive street address)	d.	STREET ADDRESS				e. IS	RESIDENCE I A FARM?	
9	Farm-Deen	r Spring R	oad-			Rout	e l			YES	□ NO K	
3	NAME OF DECEASED		First	Middle		Last	4. DATE OF	Mar	nth	Day	Year	
	(Type ar print)		John	Daniel	You		DEATH		gust	18-	19 66	
5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		ATE OF BIRTH	7	AGE (In years last sirthday)	IF UNDER Months		NDER 24 HRS.	
	Male	White	WIDOWED	DIVORCED [		ig. 24-190		70 103				
	0a. USUAL OCCUPATION uring mast <u>of</u> working	l (Give kind af wark dar life, even if retired)		ND OF BUSINESS OR DUSTRY	1	BIRTHPLACE (State	ar fareign ca	untry)		TIZEN OF WH.		
L	Drive	er	Milk	Tank Truck		Maryland				U	S.A.	
- [ '	3. FATHER'S NAME				14	MOTHER'S MAIDEN I		-				
John William Young Annie V. Beachley												
	Yes, na, ar unknawn)	R IN U.S. ARMED FORCE: (If yes give war ar date	s of service)	SOCIAL SECURITY NO.	17. INFO			Addi		1 03 00	0	
	No 220-26-Oli61 Mrs. Mary G. Young-Knoxville, Md.21758											
	18. CAUSE OF DEATH (Enter anly one cause per fine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH											
	IMMEDIATE CAUSE (0) Proposition and accompany the second s											
	Conditions, if any, which gave ) (b)											
	rise to immediate cause (a), (IIII TOO)											
	stating the underlying cause (c) Lacopartine Medial Cyp tre Necessia											
	PART IL OTHER SI	PARE IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
TA	195ha	rentensi	ve 7	aserios	de	cotri le	Zant	Dise	mel	YES T	ORMED?	
CENTICICATION	20a. EXTERNAD CA	20a. EXTERNAU CAUSE WAS PRIMARY   ar CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II ar Part II of item 18.)										
		NIKIBUTING LJ										
MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Year				INJURY (Home, form		(City or town)	(Ca	unty)	(State)	
184	Haur a.m. p.m. 19 While Nat While of work factory, street, affice bldg., etc.)											
	21. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 🐹, Inquiry 🔲, and in my opinion											
	death resulted fram: Natural causes 🚾, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌											
	ACTUAL COMPANY CHIEF MEDICAL EXAMINER COMPANY DATE SIGNED											
1	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L											
	EXAMINER'S NAME (Type)	B.O. Thoma	as. M.D			DEPUTY MEDICA Address (Street		or county)	Clu	9.18	1966	
2	3a. BURIAL, CREMATIC	ON, 23b. DATE T	The second secon	23c. NAME OF CEMETER	Y OR CREN	ATORY	23d. LOC	ATION (City or To	ıwn)	(county)	(State)	
	REMOVAL (Specify Burial	Aug.	21-1966	Pleasant, W	iew (	Cemetery	Nr. I	Burkitts			1718	
	24. FUNERAL DIRECTO	cheson &		Frederick, M	144	2Sa. REC'D	BY REGISTRA		EGISTRAR'S S	IGNATURE	100	
	Rentel	OCHESOII &	DOTT	FI GUEL ICK	*******	DATE AU	G 2 2	1966	Mar	co yes	de	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office olong with farm PM3. Page

Health or its designated agent, priar to burial, crematian, or removal, and in any event

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

5 may be retained for your files.

VR A15ME (5)

Entra